



WYOMING JUDICIAL BRANCH COURT INTERPRETER APPLICATION

Website: <http://courts.state.wy.us>

Return to:
Wyoming Supreme Court
Court Interpreter Program
2301 Capitol Avenue
Cheyenne, WY 82002
FAX# (307) 777-3447

Orientation Location and Date for which you are applying: _____

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER - - -		OFFICE USE ONLY																								
MAILING ADDRESS		CITY	STATE	ZIP																									
HOME PHONE NO.	DAY OR MESSAGE NO.	DRIVER'S LICENSE NO.	STATE	TYPE																									
EMAIL ADDRESS:																													
COURT LOCATION PREFERENCE: IF YOU ARE WILLING TO WORK ANYWHERE IN THE STATE, PUT IN STATEWIDE ; OTHERWISE WRITE IN UP TO FIVE LOCATIONS.																													
IF YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL UNDER OTHER NAMES, LIST NAMES AND DATE OF USE:																													
HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE IN A COURT OF LAW? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," GIVE DATES, DETAILS AND PENALTIES FOR EACH OCCURRENCE ON AN ATTACHED SHEET OF PAPER . DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.																													
INTERPRETING EXPERIENCE (Please provide copies of any appropriate documentation with your application.)																													
COUNTRY OF ORIGIN:																													
NATIVE LANGUAGE:																													
LANGUAGES FOR WHICH YOU INTERPRET:																													
ARE YOU CURRENTLY INTERPRETING IN THE WYOMING COURTS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" SPECIFY COURTS:																													
ARE YOU CERTIFIED IN ANY OTHER JURISDICTION (STATE, FEDERAL)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" SPECIFY JURISDICTION(S) AND CERTIFICATION LEVEL:																													
HOW MANY YEARS HAVE YOU WORKED AS A COURT INTERPRETER?																													
EDUCATION (Please complete all that apply.)																													
DO YOU HAVE A H.S. DIPLOMA OR GED CERTIFICATE: YES <input type="checkbox"/> NO <input type="checkbox"/>																													
HIGH SCHOOL / LOCATION:																													
COLLEGE OR VOCATIONAL SCHOOL AND LOCATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">DATES</th> <th rowspan="2" style="text-align: center;">SEM. HRS</th> <th rowspan="2" style="text-align: center;">QTR. HRS</th> <th rowspan="2" style="text-align: center;">MAJOR</th> <th rowspan="2" style="text-align: center;">DEGREE EARNED</th> <th rowspan="2" style="text-align: center;">DATE OF DEGREE</th> </tr> <tr> <th style="text-align: center;">FROM</th> <th style="text-align: center;">TO</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DATES		SEM. HRS	QTR. HRS	MAJOR	DEGREE EARNED	DATE OF DEGREE	FROM	TO															SEM. HRS	QTR. HRS	MAJOR	DEGREE EARNED	DATE OF DEGREE
DATES		SEM. HRS	QTR. HRS						MAJOR	DEGREE EARNED	DATE OF DEGREE																		
FROM	TO																												

*****NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. IMMIGRATION LAW.*****

I hereby certify that I possess the experience, education, certification and/or credentialing listed on this document. I also certify that all statements, information and documents provided with this form are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false statements, omissions, or misrepresentations that I indicate on this form or provide in any interview process or related correspondence may disqualify me for consideration. Should an investigation at any time disclose any falsification, omission, or misrepresentation as to the same, said disclosure may be grounds for immediate suspension of services. I hereby consent to the release of information by employers, schools, and other authorized personnel to verify the information contained in this form.

SIGNATURE OF APPLICANT: _____

DATE: _____