



Dear Prospective Interpreter,

I would like to thank you for your interest in InSync Interpreters. InSync Interpreters is a leading interpretation service provider to the health care industry. We offer a comprehensive package of interpreting services, featuring 149 languages. We are committed to strict professionalism in all aspects of our business relationships. As an Interpreter with InSync, you will function as an independent contractor. The independent contractor agreement is designed to give you control over your business and provide InSync with quality resources. Together we can make a difference in the lives and health care of thousands of individuals.

Not everybody who speaks more than one language can be an interpreter. To be an effective interpreter is to be an effective communicator not only of words and information but of meaning. Much of what is said between people is framed by culture and education. In the health care industry the communication is often complex and influenced by emotion. The interpreter must always act professionally and to support the interpreter, InSync supports and follows the National Council on Interpreting in Health Care (NCIHC) standards and practices, and their code of ethics.

In order to act as an interpreter for InSync the following process has been established:

1. Completed Professional Information Packet
2. Proficiency/Screening Quiz
3. In-person Interview
4. Group Discussion/Orientation

Each component will be evaluated and scored, using a scale of 1-10, on promptness, completeness, neatness, ability to speak both English and your target language clearly and correctly, ability to understand concepts in English, knowledge of medical vocabulary (both English and target language), and professionalism. Minimum scores have been determined for a candidate to proceed to the next step in the process. If at anytime a minimum score is not met, the candidate will be advised.

Each candidate will be asked to arrive at orientation with proof of citizenship or valid work permit, and a copy of their Utah criminal history report.

InSync contracts with health care providers that serve children, vulnerable adults and others. Accordingly, InSync requires that all of its Independent Contractors undergo a Criminal Background Check. We also mandate a search through the Sex Offender Community Notification Registration Department.

InSync will not contract with those who refuse to undergo these background checks

Once again, thank you for your interest in InSync Interpreters. Please contact me if you have any questions while filling out your application.

Interpreter Manager
InSync Interpreters
801-838-8100
866-501-2002/toll free



- General Information -

First Name : _____ Last Name : _____

Address : _____

City : _____ State : _____ Zip : _____ Email : _____

Daytime Phone : (____)-____-____ Evening Phone (____)-____-____ Other Phone (____)-____-____

Date Available : ____ / ____ / ____ SSN _____ - _____ - _____

Languages Spoken: _____

Are you a US Citizen? Yes No If no, are you authorized to work in the US? Yes No

Have you ever worked for InSync? Yes No If yes, when? ____ / ____

Have you ever been convicted of a felony? Yes No

If yes, explain : _____

- Availability -

What times are you available?

	Weekday	Saturday	Sunday
Mornings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Afternoons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evenings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Education -

High School : _____ City : _____ State : _____

From : ____ / ____ to ____ / ____ Did you graduate ? Yes No

College : _____ City : _____ State : _____

From : ____ / ____ to ____ / ____ Did you graduate ? Yes No
Other : _____ City : _____ State : _____

From : ____ / ____ to ____ / ____ Did you graduate ? Yes No

- Personal References -

Please list 2

Full Name : _____ Relationship : _____

Company : _____ Phone (____)-____-_____

Full Name : _____ Relationship : _____

Company : _____ Phone (____)-____-_____

- Previous Employment -

Company Name : _____ Phone (____)-____-_____

City : _____ State : _____ Supervisor : _____

Position/ Title : _____ Starting Salary : ____/hr Ending Salary : ____/hr

Responsibilities : _____

Employed From : ____ / ____ To : ____ / ____ May we contact this employer? Yes No

Reason for leaving : _____

Company Name : _____ Phone (____)-____-_____

City : _____ State : _____ Supervisor : _____

Position/ Title : _____ Starting Salary : _____/hr Ending Salary : _____/hr

Responsibilities : _____

Employed From : _____ / _____ To : _____ / _____ May we contact this employer? Yes No

Reason for leaving : _____

Company Name : _____ Phone (____)-____-_____

City : _____ State : _____ Supervisor : _____

Position/ Title : _____ Starting Salary : _____/hr Ending Salary : _____/hr

Responsibilities : _____

Employed From : _____ / _____ To : _____ / _____ May we contact this employer? Yes No

Reason for leaving : _____

- Military Service -

Branch : _____ From : _____ / _____ To : _____ / _____ Rank at Discharge : _____

Type of Discharge : _____

- Verification -

I certify that all my answers are true and complete to the best of my knowledge.

If this application leads to becoming an independent contractor, I understand that false or misleading information in my application or interview may result in losing my contractor status with InSync.

Signature : _____ Date : _____ / _____ / _____