



MOSAIC Translation Services
5575 Boundary Road, Vancouver B.C. V5R 2P9
Tel.: (604) 254-0469 • Fax: (604) 254-2321
Toll-free Tel.: 1-877-475-6777
commercial@mosaicbc.org

**APPLICATION FORM
Freelance Translator**

Please complete the following form in full, attach your résumé and return to MOSAIC Translation Services by hand, mail, e-mail or fax.

Date: _____

PERSONAL INFORMATION

Name: _____
Title First Name Middle Name Last Name

Address: _____
Number & Street Suite/Apartment

_____ City Province Postal Code Country

Home Tel.: _____ Work Tel.: _____

Cell Phone : _____ Pager: _____

Fax: _____ E-mail: _____

Birthplace: _____
City Country

Length of time in Canada: _____ In Vancouver: _____

LANGUAGES

I provide translation services in the following language combinations:

From _____ to _____

From _____ to _____

From _____ to _____

EDUCATION

Please list your degrees/diplomas, educational achievements, courses completed, etc.

Level	Discipline	Institution	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any other formal training in translation? **YES / NO**

If **YES**, please give details:

Do you have formal training in interpretation? **YES / NO**

If **YES**, please give details:

EMPLOYMENT

Current occupation: _____

Name of employer: _____

Phone No.: _____

Address of employer: _____

PROFESSIONAL AFFILIATION

Please indicate which of the following professional organizations you are affiliated with:

- Society of Translators and Interpreters of British Columbia
 - Public Works and Government Services Canada, Translation Bureau, Foreign Languages Section
 - American Translators Association
 - Other
-

EXPERIENCE

Do you have any experience providing translation services?

1. As a professional? **YES / NO**

If **YES**, please indicate the organization and the type of work:

2. As a volunteer? **YES / NO**

If **YES**, please indicate the organization and the type of work:

SOFTWARE/HARDWARE APPLICATIONS

Please indicate which platform you use:

- PC
- Macintosh

Please indicate which of the following operating systems you use:

- Windows 2000
- Windows XP
- Windows Vista
- OS 9
- OS 10

Please indicate your knowledge in and comfort levels with computer applications:

Word processing: _____

Typesetting: _____

SPECIALTIES/FIELDS OF EXPERTISE

Please list your specialties/fields of expertise:

REFERENCES

Please provide three references – these can be previous employers, supervisors, teachers, instructors, colleagues or volunteer co-ordinators.

	Reference 1	Reference 2	Reference 3
Name			
Occupation			
Organization			
Relationship			
Telephone			
E-mail			

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