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If the applicant is selected and successfully completes the certification examination, he or she will be expected to provide interpretation services by phone to Limited English Proficient (LEP) persons. The applicant must have the permission and recommendation of his or her direct supervisor to provide these services. The direct supervisor shall include interpreter job duties on the yearly evaluation of a selected applicant during the next yearly evaluation period and as long as the employee continues to provide such services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  |  | |  |  | | **APPLICANT SIGNATURE** | | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | | | | | | | | | | | | **DIRECT SUPERVISOR SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | I hereby certify that the information provided on this *Application for Interpreter Assessment* is true and complete to the best of my knowledge and authorize the Kentucky Transportation Cabinet (KYTC) to verify accuracy. I understand that, if selected, falsified statements of any kind or omissions of facts on this application shall be considered sufficient basis for dismissal from serving as an interpreter for Limited English Proficient (LEP) persons. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | **APPLICANT SIGNATURE** | | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | | | | | | | | | | | | **DIRECT SUPERVISOR SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DATE** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | **FOR KYTC USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Applicant Recommended for Assessment | | | | | | | | | | | | | | | | | | | | | |  | | | YES | | |  | | | NO | | | |  | |  | |  | |  |  | |  | |  | |  | | |  |  | Interpreter Assessment Score | | | | | | | | | | | | | | | | |  | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | |  |  |  |  | | | | | | | | | | | | | | | | | | |  | |  | Executive Director, Office for Civil Rights and Small Business Development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | Date | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  | |  |  | | |  |  | |  | |  | |  | | |  | |  | |  | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  | |  |  | | |  |  | |  | |  | |  | | |  | |  | |  | 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