

# BILINGUAL TEST APPLICATION – SWORN EMPLOYEES

Complete this form and obtain the signature of your immediate supervisor. When completed, forward through interoffice mail or fax the application to:

Gregg Olson  
APD Human Resources  
974-5007 (phone)  
974-6630 (fax)  
[gregg.olson@ci.austin.tx.us](mailto:gregg.olson@ci.austin.tx.us)

To the best ability of the testing vendor, you will be scheduled for testing according to the information you provide below. Examinations will typically be given Monday through Thursday between 9:00 AM and 3:00 PM.

Employee Name: \_\_\_\_\_ Banner Emp. #: \_\_\_\_\_ APD Emp. #: \_\_\_\_\_

Work Unit: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Commission Date: \_\_\_\_\_

Current Shift Dates: \_\_\_\_\_ to \_\_\_\_\_ Days Off: \_\_\_\_\_

Next Shift Dates: \_\_\_\_\_ to \_\_\_\_\_ Days Off: \_\_\_\_\_

Preference for Time(s) and Day(s) to Test: \_\_\_\_\_  
(Day) (Time)  
\_\_\_\_\_  
(Day) (Time)  
\_\_\_\_\_  
(Day) (Time)

Check the appropriate box(es) below for which language(s) you are requesting to be tested:

- Spanish  French/Haitian  Vietnamese  Cantonese  Thai  Korean
- Japanese  Korean  Japanese  Malaysian  American Sign Language
- German  Russian  Ukrainian  Mandarin

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Supervisor's Emp. #: \_\_\_\_\_

Immediate Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_