

SCHOOL SERVICES OF CALIFORNIA, INC. INTERIM CBO & HR REGISTRY FILE

Position Available to Serve: (Check all that apply)

Chief Business Official
Director, Business Services

Chief Human Resources Officer
Director of Human Resources

Director of Facilities

Please complete any of the following that are applicable:

Desired type of district: Elementary High School
 Unified County Office of Education

Desired district ADA/FTE: _____(minimum) to _____(maximum)

Desired length of contract: _____(minimum) to _____(maximum)

Geographical Preference: _____

Unique Limitations: _____

I am presently working on an interim assignment and expect it to end on _____

Month Day Year

Name: _____

Today's Date: _____

Address: _____

Home Phone: () _____

Address: _____ Zip: _____

Office Phone: () _____ Ext: _____

Cell Phone: () _____

Email address: _____

RECORD OF PROFESSIONAL EDUCATION (Verification of degree[s] may be required)

Institution	Dates	Major	Degrees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RECORD OF PROFESSIONAL EXPERIENCE (List most recent experience first)

Title	Dates of Employment	District	Enrollment	Salary
_____	____ - ____	_____	_____	_____
_____	____ - ____	_____	_____	_____
_____	____ - ____	_____	_____	_____
_____	____ - ____	_____	_____	_____

I give SSC permission to share this information with districts seeking an interim (please check if you agree)

Please return this form, with requested references and a current resume to:

Interim CBO & HR Registry File
Attention: Cathy Wachter
School Services of California, Inc.
1121 L Street, Suite 1060
Sacramento, CA 95814
(916) 446-7517 • FAX (916) 446-2011
www.sscal.com

**INTERIM CBO & HR REGISTRY FILE
REQUESTED REFERENCES**

Please provide a comprehensive list, including home and office phone numbers, of references in the following applicable categories:

SUPERINTENDENT (if applicable)

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home/Cell Phone: (____) _____

BOARD MEMBER

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home/Cell Phone: (____) _____

SITE PRINCIPAL OR DIRECTOR LEVEL

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home/Cell Phone: (____) _____

PERSONAL SECRETARY OR ASSISTANT

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home/Cell Phone: (____) _____

ANY OTHER:

Name: _____

District: _____

Office Phone: (____) _____ Ext _____

Home/Cell Phone: (____) _____

Today's Date _____