

SCHOOL SERVICES OF CALIFORNIA INTERIM ADMINISTRATOR RESOURCE FILE

POSITION AVAILABLE TO SERVE: SUPERINTENDENT CHIEF BUSINESS OFFICIAL

Please complete any of the following that are applicable:

Desired type of district: Elementary High School
 Unified Community College

Desired district ADA: _____ (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
_____	_____ - _____	_____	_____	_____
_____	_____ - _____	_____	_____	_____
_____	_____ - _____	_____	_____	_____
_____	_____ - _____	_____	_____	_____

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

Interim Administrator Resource File

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

**INTERIM ADMINISTRATOR RESOURCE 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 Phone: (_____) _____

BOARD MEMBER

Name: _____

District: _____

Office Phone: (_____) _____ Ext _____

Home Phone: (_____) _____

SITE PRINCIPAL OR DIRECTOR LEVEL

Name: _____

District: _____

Office Phone: (_____) _____ Ext _____

Home Phone: (_____) _____

PERSONAL SECRETARY OR ASSISTANT

Name: _____

District: _____

Office Phone: (_____) _____ Ext _____

Home Phone: (_____) _____

ANY OTHER:

Name: _____

District: _____

Office Phone: (_____) _____ Ext _____

Home Phone: (_____) _____

Today's Date _____