

**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  
 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 \_\_\_\_\_**

	<b>Month</b>	<b>Day</b>	<b>Year</b>	
Name: _____	Today's Date: _____			
Address: _____	Home Phone: (    ) _____			
_____ Zip: _____	Office Phone: (    ) _____ Ext: _____			
	Cell Phone: (    ) _____			
	E-mail 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: Sheila Vickers  
 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 \_\_\_\_\_