

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

**Position Available to Serve:** (Check all that apply)

- Chief Business Official                       Chief Human Resources Officer                       Director of Facilities   
 Director, Business Services                       Director of Human Resources

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

	<b>Month</b>	<b>Day</b>	<b>Year</b>
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
_____	____ - ____	_____	_____
_____	____ - ____	_____	_____
_____	____ - ____	_____	_____
_____	____ - ____	_____	_____

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

**Save and Email to CathyW@sscal.com**