



SCHOOL SERVICES OF CALIFORNIA INC.
CBO AND HR ADMINISTRATOR REGISTRY FORM

Full Name:

Address:

Phone Number:

City:

Email Address:

Zip:

Position Available to Serve: (Check all that apply)

☐ Chief Business Official

☐ Director, Business Services

☐ Director of Facilities

☐ Chief Human Resources Officer

☐ Director of Human Resources

Please complete any of the following that are applicable:

Desired agency type:

☐ Elementary

☐ High School

☐ Unified

☐ County Office of Education

Desired average daily attendance (min/max):

Desired full-time equivalent (min/max):

Geographical preference:

Unique limitations:

I am presently working on an assignment: Yes ☐ No

If yes, please provide a date available to accept assignments:

Please provide a comprehensive list of references in the following applicable categories:

Reference	Name	District	Contact Phone Number	Email Address
Superintendent				
Board Member				
Site Principal or Director Level Administrator				
Administrative Secretary or Assistant				
Other				

By signing below, I give School Services of California Inc. permission to share this information with districts seeking an administrator.

Signature:

Date:

Please return this completed form and a current resume to:
Nicole Contreras, nicolec@sscal.com