



WASHOE COUNTY SCHOOL DISTRICT
Human Resources

SUBSTITUTE ADMINISTRATOR POOL APPLICATION

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Social Security Number: _____

Do you possess a valid State of Nevada Administrative License? Yes No

Areas of Interest (Please check the assignments for which you are interested):

- HS Principal
- MS Principal
- ES Principal
- Dean
- HS Assistant Principal
- MS Assistant Principal
- ES Assistant Principal
- Other: _____

Previous administrative position(s) with WCSD:

Position	Location
_____	_____
_____	_____
_____	_____
_____	_____

By signing below, I certify that I have not had any convictions since I retired from the WCSD.

Signature

Date