



Board of Cooperative Educational Services

BOARD OF COOPERATIVE EDUCATIONAL SERVICES OF NASSAU COUNTY
DEPARTMENT OF HUMAN RESOURCES
TWILIGHT EMPLOYMENT APPLICATION

TWILIGHT PROGRAM STAFF

NAME _____
Last _____ First _____ Middle _____

ADDRESS _____

CURRENT DISTRICT/PROGRAM

IF TEACHING POSITION, WHAT CONTENT AREA? _____

DID YOU TEACH NASSAU BOCES BEFORE IN OTHER DISTRICTS? NO _____ YES _____

IF YES, WHICH CAMPUS _____ AND WHAT YEAR _____

E-mail Address_____

HOME PHONE _____ CELL PHONE _____

SOCIAL SECURITY # _____ RETIREMENT # _____ TIER _____

IF NOT A MEMBER OF TEACHERS' RETIREMENT SYSTEM, SIGN HERE: _____

NYS CERTIFICATES HELD (attach copies if you have not taught for us before)

Applicant's Signature

Date

Please return to:

Kellie Cook McLaurin, Principal
516-396-2265 • 516-396-2251 (Fax)
kmclaurin@nasboces.org

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