



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

**TWILIGHT PROGRAM
STAFF**

NAME _____
Last First Middle

ADDRESS _____
Number & Street City State Zip Code

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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