



SUBSTITUTE TEACHER APPLICATION AND RENEWAL

Last Revised: 06/27/2012 Former DOE Form(s): 104, 204

DEPARTMENT OF EDUCATION
Office of Human Resources
T-SEAS Unit

P.O. Box 2360 Honolulu, HI 96804

Mark one:	New Application*	Annua	l Renewal - School Yea	ır		
		rk in the United States ma	y be required (i.e., Employ	YYYY YYYY ment Authorization Document, Permaner	nt Resident Card	l,
unexpired foreign pa	issport, etc.). TEE / APPLICANT INFOR	MATION				
				Last 4 digits of SSN:		
Last		First	М.	_		
_	ress (Required):					
City:	State:	Zip:		Permanent Tel#:		
Mailing Prefe	erence (please mark one):	USPS Mail	E-Mail If e-mail	l, please provide:		
Mark if applicable	Change in Permanent Tel# (Wr					
аррисане	Change in Preferences (Read an	-				
Ļ			_	ts, copy of teaching lic. and/or grade rp	ots.)	
	District Transfer - Effective Dat	e: MM/DD/YYY		District		
II. GENERA	AL INFORMATION					
You are restric HON	ted to teaching in only ONE (1)		mark the District): HAW MAUI	☐ KAU ☐ PUBLIC CH	ARTER SCI	HOOLS
You are on at 1	east one school priority list. Nar	ne of School:		_		
Principal/Desig	gnee Signature:			Date:MM/I		_
Principal/Desig	gnee Name (Print):					
You completed	the annual Bloodborne Training	requirement within O	NE (1) YEAR of the dat	te on this application.		
Exact date co	ompleted:MM/DD/YYY	Y	Location/Channel Vie	ewed:		
• •	ete the 30-Hour Substitute Teach			Anticipated		
Yes; Dat	e:, Loc.	ation:		No; Completion Date:	MM/DD/Y	7777
Did you compl	ete the Re-Certification Class? (1	Note: Class I and Class II	substitutes must have comr	pleted the 30-hour Substitute	WIWI/DD/	1111
, ,	pefore taking the Re-Certification Cl		substitutes must have comp	Anticipated		
Yes; Dat	ee:, Loc	ation:		No; Completion Date:		
	MM/DD/YYYY				MM/DD/Y	YYYY
PERSONAL I			P 1 1 1 1		YES	NO
I. Have you at If yes, pleas	any time been suspended, fired, e explain:	terminated, dismissed,	discharged or asked to r	esign from employment?	Ш	
2. Have you at If yes, pleas	any time separated from military e explain:	service under conditio	ns other than honorable	?	Ш	ш
J, F						
•	any time been arrested and/or co					
	please specify what you were arr were you charged?	ested for:				
	please specify what you were cha	arged with and the disp	osition (outcome) of the	charge:	ш	
4. Have you at	any time had a professional lice	nse or certification (for	example, attorney, nurs	se, psychologist, teacher.		
school adm	inistrator, etc.) suspended, revok				_	
If yes, pleas	e explain:					
(Note: Convi	ction or termination from employmen	nt will not necessarily disc	ualify an applicant)			

Name:		Last 4 digits of SSN:											
La	st	First M.I.											
III. QUALIFICATIONS - New Applicants: please complete this section. Existing substitute teachers: please complete only if there are any changes to your educational and professional training record.													
Educational and Professional Training Please list your degree(s), bachelor's degree and above, and the college and/or university at which the degree(s) was earned. The information should be complete and the official college and/or university transcript showing degree(s) granted and/or credits earned must be submitted. Timely transcript submittal is required to verify your proper classification and certification status since this may affect your assigned pay rate and priority for day-to-day employment. (Note: Transcripts submitted become the property of the Hawaii State Department of Education and will not be returned to applicant.) College/University Location (City/State) From To Sem. Hrs. Degree Date Major													
Conc	College/University Location (City/State) From To S		50111	. 1110.	25100	Date		Major					
	Student Teaching and/or Intern Teaching												
From	То	Subject	ct/Grade Level Name and Address of School				Name of Cooperating Teacher Sem. Hrs.						
									 				
Profession	al Certific	ation							1				1
Type of Teaching Certificate							State Date Issued Expir		ation Date				
Profession	al Experie	ence in H	Iawaii (Please l	ist your mos	st recent	t experie	ence, if	f any					
Name of School Location (City/State) Grade/Subject From			T	o	Type of Employment (Contract or Substitute) Reason for Leavin			r Leaving					
IV. PREFERENCES - continued on page 3 CLASS I SUBSTITUTE TEACHERS. If you are a Class I substitute teacher, the T. SEAS computer will only call you for iche at your priority schools.													

CLASS I SUBSTITUTE TEACHERS: If you are a Class I substitute teacher, the T-SEAS computer will only call you for jobs at your priority schools. DO NOT complete Section IVa.- IVc.

CLASS II & CLASS III SUBSTITUTE TEACHER PREFERENCES for the T-SEAS computer: If you DO NOT want the T-SEAS computer to call you, go directly to Section IVd. - SPECIAL PREFERENCES and check the box marked "PRE-ARRANGED ASSIGNMENTS ONLY."

^{*}Preferences marked in this section will be input into T-SEAS and serve as a basis for computerized call-outs. Offers from T-SEAS will be restricted to your priority list(s) and the complex areas and grade levels you select.

^{*}Your subject preferences will also be considered, however, there may be days when you are needed for subjects you have not selected. Please keep an open mind and prepare to accept these assignments as well.

^{*}Communication with T-SEAS requires a touch-tone phone. Answering machines, cordless phones, cellular phones, pagers, or pulse-generated phones are neither reliable nor compatible with T-SEAS. DOE/T-SEAS is not responsible for any missed job offers or miscommunication arising from their use.

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Name:				Last 4	digits of SSN:			
Last	Fir	st		M.I.				
IV. PREFERENCE - continued from page 2								
IVa. COMPLEX PREFERENCE: Based on the ONE (1) Home District you selected in Section II., mark the corresponding complexes (listed directly under the District below) where you are willing and able to work. Keep in mind that you are restricted to teaching in your Home District only and cannot select complexes in other districts. If you DO NOT want the T-SEAS computer to call you, go directly to Section IVd SPECIAL PREFERENCES and check the box marked "PRE-ARRANGED ASSIGNMENTS ONLY."								
	ENTRAL LEEV STRICT DIST		WINDWARD DISTRICT	HAWAII DISTRICT	MAUI DISTRICT	KAUAI DISTRICT		
11 FARRINGTON 21	MOANALUA 31 PEA	ARL CITY	41 KAILUA	51 HILO	61 BALDWIN	71 HANALEI		
12 MCKINLEY 22	RADFORD 32 WA	IPAHU [42 KALAHEO	52 KAMUELA	62 MAUI	72 KAUAI		
13 ROOSEVELT 23	AIEA 33 CA	MPBELL	43 CASTLE	53 HAMAKUA	63 LAHAINALUNA	73 WAIMEA		
14 KAIMUKI 24	MILILANI 34 NA	NAKULI [44 KAHUKU	54 PUNA	64 HANA	74 KAPAA		
15 KALANI 25	LEILEHUA 35 WA	IANAE		55 KONA	65 MOLOKAI			
☐ 16 KAISER ☐ 26	WAIALUA 36 KA	POLEI		56 KOHALA	66 KEKAULIKE			
				57 KAU/PAHAL.	A 67 LANAI			
IVb. GRADE LEVEL PREFERENCES: Mark the grade level codes you are willing and able to teach:								
02 PRIMARY (K-3)	03 UPPER E	LEM (4-6)		04 MIDDLE/INT	ER 05	HIGH SCHOOL		
Ivc. SUBJECT PREFERENCES: Mark the subject area codes you are willing and able to teach:								
06 LANGUAGE ARTS 43 CHINESE 54 SPECIAL EDUCATION - 880 REGISTRAR SPEECH LEARNING IMPAIRED								
07 READING	44 FILIPINO	55 MA	TH		881 LIBRARIAN			
08 ENGLISH	45 FRENCH	62 MU	SIC		882 COUNSELOR			
09 ENGLISH AS A SECOND LANGUAGE (ESL)	46 GERMAN	63 BAN	ND		83 SPECIAL EDUCAT	ION - VISUAL		
16 SOCIAL STUDIES	47 HAWAIIAN	67 PHY	SICAL EDUCAT	ION	84 SPECIAL EDUCAT	ION - HEARING		
20 COMPUTER	48 JAPANESE	68 SPE	CIAL MOTIVATI	ON PROGRAM	85 SPECIAL EDUCAT	ION - MR/LD		
22 AGRICULTURE	49 KOREAN		CIAL EDUCATIO THOPEDIC HANI		86 SPECIAL EDUCAT	'ION - PRE-		
23 ART	50 LATIN	70 HE	ALTH / SAFETY		87 SPECIAL EDUCATE EMOTIONALLY I			
26 BUSINESS EDUCATION	51 RUSSIAN	73 SCI	ENCE		88 SPECIAL SCHOOL	TEACHER		
27 HOME ECONOMICS	52 SPANISH	78 DOI	RM COUNSELOR		89 SPECIAL EDUCAT			
29 INDUSTRIAL ARTS	53 BILINGUAL/	BICULTURAI	L					
IVd. SPECIAL PREFERENCES (Mark only if applicable)								
PRE-ARRANGED ASSIGNMENTS ONLY - By marking this box, you are choosing to ONLY accept assignments offered directly by schools or teachers. You will not be contacted by the T-SEAS computer (<u>DO NOT</u> select codes above if you choose this option).								
SUBSTITUTES ON OAH	U ONLY							
ASSIGNMENTS AT THE HAWAII SCHOOL FOR THE DEAF AND THE BLIND (HSDB) Your name will be forwarded to HSDB. If you are needed, you will be contacted directly. * I can communicate in ASL at a proficiency rate of 50% or higher: YES; If yes, what percentage? NO								

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Name:	Last 4 digits	s of SSN:						
Last First	M.I.							
Please read the following statements, then sign below to indicate understanding and acceptance. If you need clarification about any statement, check with your school administrator or Personnel Regional Officer.								
 I agree to comply with applicable state and federal laws as well as policies, regulations and procedures of the Hawaii State Department of Education and its Substitute Teacher Program. I will refrain from illegal activities on campus or during school-related activities such as: corporal punishment; physical abuse/harassment; racial and sexual abuse/harassment; smoking; possession, use or sale of alcoholic beverages or illegal drugs; releasing student records without authorization from school administration; using unprofessional language. I will teach/treat all students with care, fairness, flexibility, and patience regardless of their race, color, national origin, gender, sexual orientation, religion or disability. I will do my best to prevent or stop bullying and harassment by students and report such incidents to the school administration in order to maintain a safe and caring school environment. I have reliable telephone communication that enables me to receive and accept assignment offers from schools, teachers, and T-SEAS. I am aware that answering machines, cellular phones, pagers, cordless phones, or pulse-generated phones are neither reliable nor compatible with TSEAS. I will not hold DOE/TSEAS responsible for any missed job offers or miscommunication arising from their use. I am available to accept assignments on an on-call, as needed basis. While I have indicated grade/subject level preferences, I may be asked to substitute for positions outside these subject areas when needed. Consistent, non-availability (i.e. declines, hang-ups, no answers) may result in removal from the substitute employment pool because it delays the calling and filling of assignments. I have fulfilled the yearly bloodborne pathogen training requirement. I have read and attached a signed copy of the "Hawaii State Department of Education Acknowledgement of General Confidentiality Expectations". Note: This form can be found at DO								
immediate dismissal.								
Applicant's Signature:	Applicant's Signature: Date:							
		MM/DD/YYYY						
I hereby accept this applicant to be a substitute teacher in the	District for the current school year.							
Complex Area Superintendent or Designee's Signature	Acceptance (Today's Date) MM/DD/YYYY	Effective Date of Form 5 MM/DD/YYYY						
Reclassification Use Only (if applicable) Class: Date: In MM/DD/YYYY Comments: T-SEAS Use Only	nitial:							
•	VIP:							
EBC: VAX: MM/DD/YYYY	MM/DD/YYYY							
Comments:								