



# SUBSTITUTE TEACHER APPLICATION AND RENEWAL

DOE OHR 600-004

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\*  Annual Renewal - School Year \_\_\_\_\_ - \_\_\_\_\_  
YYYY YYYY

\*Valid documentation showing your ability to legally work in the United States may be required (i.e., Employment Authorization Document, Permanent Resident Card, unexpired foreign passport, etc.).

## I. EMPLOYEE / APPLICANT INFORMATION

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
Last First M.I.

Mailing Address (Required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Permanent Tel#: \_\_\_\_\_

Mailing Preference (please mark one):  USPS Mail  E-Mail If e-mail, please provide: \_\_\_\_\_

- Mark if applicable
- Change in Permanent Tel# (Written above)
  - Change in Preferences (Read and complete Section IV, as applicable)
  - Classification Change- Class \_\_\_\_\_ to Class \_\_\_\_\_ (Attach official transcripts, copy of teaching lic. and/or grade rpts.)
  - District Transfer - Effective Date: \_\_\_\_\_, Transfer from: \_\_\_\_\_ District  
MM/DD/YYYY

## II. GENERAL INFORMATION

You are restricted to teaching in only ONE (1) Home District (Please mark the District):

- HON  CEN  LEE  WIN  HAW  MAUI  KAU  PUBLIC CHARTER SCHOOLS

You are on at least one school priority list. Name of School: \_\_\_\_\_

Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Principal/Designee Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

You completed the annual Bloodborne Training requirement within ONE (1) YEAR of the date on this application.

Exact date completed: \_\_\_\_\_ Location/Channel Viewed: \_\_\_\_\_  
MM/DD/YYYY

Did you complete the 30-Hour Substitute Teacher Course?

- Yes; Date: \_\_\_\_\_, Location: \_\_\_\_\_  No; Completion Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Did you complete the Re-Certification Class? (Note: Class I and Class II substitutes must have completed the 30-hour Substitute Teacher Course before taking the Re-Certification Class.)

- Yes; Date: \_\_\_\_\_, Location: \_\_\_\_\_  No; Completion Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

## PERSONAL DATA

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you at any time been suspended, fired, terminated, dismissed, discharged or asked to resign from employment?<br>If yes, please explain:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you at any time separated from military service under conditions other than honorable?<br>If yes, please explain:  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you at any time been arrested and/or convicted?<br>If arrested, please specify what you were arrested for: _____<br>If arrested, were you charged? _____<br>If charged, please specify what you were charged with and the disposition (outcome) of the charge: | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you at any time had a professional license or certification (for example, attorney, nurse, psychologist, teacher, school administrator, etc.) suspended, revoked, denied or not renewed?<br>If yes, please explain:  | <input type="checkbox"/> | <input type="checkbox"/> |

(Note: Conviction or termination from employment will not necessarily disqualify an applicant)

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Last

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 |
|--------------------|-----------------------|------|----|-----------|--------|------|-------|
|                    |                       |      |    |           |        |      |       |
|                    |                       |      |    |           |        |      |       |
|                    |                       |      |    |           |        |      |       |

**Student Teaching and/or Intern Teaching**

| From | To | Subject/Grade Level | Name and Address of School | Name of Cooperating Teacher | Sem. Hrs. |
|------|----|---------------------|----------------------------|-----------------------------|-----------|
|      |    |                     |                            |                             |           |
|      |    |                     |                            |                             |           |
|      |    |                     |                            |                             |           |

**Professional Certification**

| Type of Teaching Certificate | State | Date Issued | Expiration Date |
|------------------------------|-------|-------------|-----------------|
|                              |       |             |                 |
|                              |       |             |                 |
|                              |       |             |                 |

**Professional Experience in Hawaii (Please list your most recent experience, if any)**

| Name of School | Location (City/State) | Grade/Subject | From | To | Type of Employment (Contract or Substitute) | Reason for 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 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.

Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
 Last First 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."

| HONOLULU DISTRICT                      | CENTRAL DISTRICT                     | LEEWARD DISTRICT                       | WINDWARD DISTRICT                   | HAWAII DISTRICT                        | MAUI DISTRICT                           | KAUAI DISTRICT                      |
|--|--------------------------------------|--|-------------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> 11 FARRINGTON | <input type="checkbox"/> 21 MOANALUA | <input type="checkbox"/> 31 PEARL CITY | <input type="checkbox"/> 41 KAILUA  | <input type="checkbox"/> 51 HILO       | <input type="checkbox"/> 61 BALDWIN     | <input type="checkbox"/> 71 HANAIEI |
| <input type="checkbox"/> 12 MCKINLEY   | <input type="checkbox"/> 22 RADFORD  | <input type="checkbox"/> 32 WAIPAHU    | <input type="checkbox"/> 42 KALAHEO | <input type="checkbox"/> 52 KAMUELA    | <input type="checkbox"/> 62 MAUI        | <input type="checkbox"/> 72 KAUAI   |
| <input type="checkbox"/> 13 ROOSEVELT  | <input type="checkbox"/> 23 AIEA     | <input type="checkbox"/> 33 CAMPBELL   | <input type="checkbox"/> 43 CASTLE  | <input type="checkbox"/> 53 HAMAKUA    | <input type="checkbox"/> 63 LAHAINALUNA | <input type="checkbox"/> 73 WAIMEA  |
| <input type="checkbox"/> 14 KAIMUKI    | <input type="checkbox"/> 24 MILILANI | <input type="checkbox"/> 34 NANAKULI   | <input type="checkbox"/> 44 KAHUKU  | <input type="checkbox"/> 54 PUNA       | <input type="checkbox"/> 64 HANA        | <input type="checkbox"/> 74 KAPAA   |
| <input type="checkbox"/> 15 KALANI     | <input type="checkbox"/> 25 LEILEHUA | <input type="checkbox"/> 35 WAIANAE    |                                     | <input type="checkbox"/> 55 KONA       | <input type="checkbox"/> 65 MOLOKAI     |                                     |
| <input type="checkbox"/> 16 KAISER     | <input type="checkbox"/> 26 WAIALUA  | <input type="checkbox"/> 36 KAPOLEI    |                                     | <input type="checkbox"/> 56 KOHALA     | <input type="checkbox"/> 66 KEKAULIKE   |                                     |
|  |                                      |  |                                     | <input type="checkbox"/> 57 KAU/PAHALA | <input type="checkbox"/> 67 LANAI       |                                     |

**IVb. GRADE LEVEL PREFERENCES:** Mark the grade level codes you are willing and able to teach:

- 02 PRIMARY (K-3)       03 UPPER ELEM (4-6)       04 MIDDLE/INTER       05 HIGH SCHOOL

**IVc. SUBJECT PREFERENCES:** Mark the subject area codes you are willing and able to teach:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> 06 LANGUAGE ARTS                      | <input type="checkbox"/> 43 CHINESE              | <input type="checkbox"/> 54 SPECIAL EDUCATION - SPEECH LEARNING IMPAIRED | <input type="checkbox"/> 880 REGISTRAR  |
| <input type="checkbox"/> 07 READING                            | <input type="checkbox"/> 44 FILIPINO             | <input type="checkbox"/> 55 MATH   | <input type="checkbox"/> 881 LIBRARIAN  |
| <input type="checkbox"/> 08 ENGLISH                            | <input type="checkbox"/> 45 FRENCH               | <input type="checkbox"/> 62 MUSIC  | <input type="checkbox"/> 882 COUNSELOR  |
| <input type="checkbox"/> 09 ENGLISH AS A SECOND LANGUAGE (ESL) | <input type="checkbox"/> 46 GERMAN               | <input type="checkbox"/> 63 BAND   | <input type="checkbox"/> 83 SPECIAL EDUCATION - VISUAL                        |
| <input type="checkbox"/> 16 SOCIAL STUDIES                     | <input type="checkbox"/> 47 HAWAIIAN             | <input type="checkbox"/> 67 PHYSICAL EDUCATION                           | <input type="checkbox"/> 84 SPECIAL EDUCATION - HEARING                       |
| <input type="checkbox"/> 20 COMPUTER                           | <input type="checkbox"/> 48 JAPANESE             | <input type="checkbox"/> 68 SPECIAL MOTIVATION PROGRAM                   | <input type="checkbox"/> 85 SPECIAL EDUCATION - MR/LD                         |
| <input type="checkbox"/> 22 AGRICULTURE                        | <input type="checkbox"/> 49 KOREAN               | <input type="checkbox"/> 69 SPECIAL EDUCATION - ORTHOPEDIC HANDICAPPED   | <input type="checkbox"/> 86 SPECIAL EDUCATION - PRE-SCHOOL                    |
| <input type="checkbox"/> 23 ART                                | <input type="checkbox"/> 50 LATIN                | <input type="checkbox"/> 70 HEALTH / SAFETY                              | <input type="checkbox"/> 87 SPECIAL EDUCATION - EMOTIONALLY DISTURBED         |
| <input type="checkbox"/> 26 BUSINESS EDUCATION                 | <input type="checkbox"/> 51 RUSSIAN              | <input type="checkbox"/> 73 SCIENCE                                      | <input type="checkbox"/> 88 SPECIAL SCHOOL TEACHER                            |
| <input type="checkbox"/> 27 HOME ECONOMICS                     | <input type="checkbox"/> 52 SPANISH              | <input type="checkbox"/> 78 DORM COUNSELOR                               | <input type="checkbox"/> 89 SPECIAL EDUCATION - SEVERLY/ MULTIPLE HANDICAPPED |
| <input type="checkbox"/> 29 INDUSTRIAL ARTS                    | <input type="checkbox"/> 53 BILINGUAL/BICULTURAL |  |   |

**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 (DO NOT select codes above if you choose this option).

**SUBSTITUTES ON OAHU 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

