

CalJOBS Registration (WIOA)

YOUTH

LOGIN INFORMATION

Create a User Name:	Create a Password:
User Name: 3-20 Letters or numbers, no spaces	Password (8 - 20 characters, and must include at least one uppercase letter, one lowercase letter, one number and one special character. Allowable characters are (!), (@), (#), (\$), (%), (^), (*), (.), (,))

Please choose a Security Question:	<input type="checkbox"/> What is your all-time favorite sports team?
<input type="checkbox"/> What's your mother's maiden name?	<input type="checkbox"/> What is your father's middle name?
<input type="checkbox"/> What is your pet's name?	<input type="checkbox"/> What was your high school mascot?
<input type="checkbox"/> What was the name of your first school?	<input type="checkbox"/> What make was your first car or bike?
<input type="checkbox"/> Who was your childhood hero?	<input type="checkbox"/> Where did you first meet your spouse?
<input type="checkbox"/> What is your favorite pastime?	<input type="checkbox"/> Where were you born?

Security Question Response:	
Social Security Number:	Country:
Residential Zip Code:	Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary E-Mail Address:

DEMOGRAPHIC INFORMATION

Date of Birth:	Age:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Have you registered with the Selective Service?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented exemption from registration <input type="checkbox"/> Not applicable

Name, Address and Contact Information:

First Name:	Last Name:	
Residential Street Address:		
City:	State:	Zip:

Is your Mailing Address the same as your Residential Address? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, select the "Use residential address" checkbox. If no, please complete the Mailing Address Section below.</i>

Mailing Address:

Street:		
City:	State:	Zip:
Primary Phone Number:		

Phone Number Type: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Relatives <input type="checkbox"/> Work <input type="checkbox"/> Not Identified <input type="checkbox"/> Home <input type="checkbox"/> Other
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Preferred Notification Method: <input type="checkbox"/> Internal Message (CalJOBS account) <input type="checkbox"/> Email <input type="checkbox"/> Internal Message w/E-Mail
<input type="checkbox"/> Text Message (if available) <input type="checkbox"/> Text Message Notification (if available)

Site Access (Where will you be accessing CalJOBS?): <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Library <input type="checkbox"/> One Stop Center
<input type="checkbox"/> School <input type="checkbox"/> College <input type="checkbox"/> Community Center <input type="checkbox"/> Job Fair <input type="checkbox"/> Place of Worship <input type="checkbox"/> Military Location
<input type="checkbox"/> Correctional Facility <input type="checkbox"/> Youth Center <input type="checkbox"/> Smart Phone/PDA?? <input type="checkbox"/> Other _____

How did you hear about this website: <input type="checkbox"/> Another Website <input type="checkbox"/> Business Colleague <input type="checkbox"/> Friend <input type="checkbox"/> Job Fair <input type="checkbox"/> Workforce Partner <input type="checkbox"/> Magazine Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> Television Ad <input type="checkbox"/> Trade Show/Conference <input type="checkbox"/> Attended Rapid Response <input type="checkbox"/> Career Coach Mobile Facility <input type="checkbox"/> Other

Citizenship Status:
<input type="checkbox"/> Citizen of U.S or U.S. Territory <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted to the U.S.
<input type="checkbox"/> None of the above
<i>If a U.S. Permanent Resident or an Alien/Refugee lawfully admitted to the U.S., please provide your:</i>
USCIS (Alien Registration) Number: _____ USCIS (Alien Registration) Expiration Date: _____

Providing this information is optional and refusal to provide disability information will not subject you to any adverse treatment. Information regarding your disability status will be kept confidential as provided by law and will be used only in accordance with the law. Please note that for some programs, the information is needed to determine eligibility. Note too that you may be eligible for additional support services and programs if you have a disability.

Do you have a disability? Yes No I do not wish to answer

If yes, please answer the following questions

Are you deaf or do you have serious difficulty hearing? Yes No Not Specified

Are you blind or do you have serious difficulty seeing even when wearing glasses? Yes No Not Specified

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? Yes No Not Specified

Do you have serious difficulty walking or climbing stairs? Yes No Not Specified

Do you have difficulty dressing or bathing? Yes No Not Specified

EDUCATIONAL INFORMATION

Your Highest Education Level Achieved:

If less than High School graduate, number of grades completed: _____ 12th Grade completed & did not receive diploma or equivalent Certificate of Attendance/Completion (Disabled Individuals) High School Equivalency Diploma (GED)

High School Diploma Vocational School Certificate College or a Technical or Vocational School, Years completed: _____

Associate's Degree Bachelor's Degree Master's Degree Doctorate Degree

Are you attending school?

Yes, attending High School, Junior High, Middle or Elementary School Yes, attending an Alternative High School

Yes, attending College, Technical or Vocational school No, not attending any school

EMPLOYMENT INFORMATION

Current Employment Status: Working Full-time Working Part-time Not Working Never Worked Other

Type of business last worked in (choose 1 only):

Private Business Local Government Federal Government Non-profit Higher Education State Government

Education K-12 Have never worked Other

Unemployment Eligibility Status?

Claimant Exhaustee Neither Claimant nor Exhaustee

Are you currently looking for work? Yes No

Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service? Yes No If Yes, date of Layoff or Military Separation: _____

The following questions do not pertain to work performed on a family farm, ranch, beekeeping, food processing or food manufacturing operation owned by yourself or close relatives.

Have you worked as a farmworker in the last 12 months? Yes No

Have you been employed the past 12 months in Farm work of a seasonal or temporary nature? Yes No

Have you traveled to the job site and are not reasonably able to return to your permanent residence within the same day?

Yes No

Are you a full-time student? Yes No

Are you traveling with your family? Yes No

Are you traveling with an organized Group? Yes No

What is your desired job title? _____

Please select the occupation that best matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated based on the job title above, or you can search for an occupation using the search link.

What is the occupation that best matches your selected job title? _____

ETHNIC ORIGIN

Are you of Hispanic or Latino heritage? Yes No I do not wish to answer

Race

- | | | | |
|--|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> African American/Black | Asian (cont.) | Asian (cont.) | <input type="checkbox"/> Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Korean | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Thai | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Micronesian |
| <input type="checkbox"/> Napalese | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Filipino | <input type="checkbox"/> Marshallese |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander |
| | <input type="checkbox"/> Sikkimiese | | <input type="checkbox"/> White |
| | | | <input type="checkbox"/> I do not wish to answer |

Do you primarily speak a language other than English? Yes No

MILITARY SERVICE

Are you currently in the military, a veteran, or the spouse of a veteran? Yes No
(if yes, answer the Military/Veteran Attachment questions)

PUBLIC ASSISTANCE

Please provide answers to the following questions if any apply within the last 6 months.

- Has your household received Temporary Assistance for Needy Families (TANF) payments? Yes No
- Have you been determined eligible for or received Supplemental Nutritional Assistance Programs Assistance (SNAP formerly known as Food Stamps)? Yes No
- Have you received General Assistance Payments? Yes No
- Have you received Refugee Cash Assistance Payments? Yes No
- Have you been supported through the State's Foster Care System? Yes No

If yes, total number of individuals in household _____

total income within the last 6 months _____

Military/Veteran Attachment

Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? Yes No

Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? Yes No

Are you currently in the military, a veteran or the spouse of a veteran?
If yes, answer questions 1-4 below Yes No

Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated? Yes No

1. Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? (If yes, answer Transitioning Service Members section below) Yes No

2. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? (If yes, answer Veteran Information section below) Yes No

3. Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? (If yes, answer Veteran Information section below) Yes No

4. Are you now or have you served in a National Guard or Reserve unit that was called to or is on Active Duty due to armed conflict and/or crisis involving national security (Title 10 Activation). Yes, I am serving (Answer TRANSITIONING SERVICE MEMBERS section below)

Yes, I have served (Answer VETERAN INFORMATION section below)

No, I am not serving (Answer VETERAN INFORMATION section below)

TRANSITIONING SERVICE MEMBERS

Please indicate your transitioning type and transitioning service member discharge date.

Transitioning Type: Not applicable Within 24 months of retirement Within 12 months of discharge

Projected Discharge Date: _____

Have you received a signed DD-2958 (Service Member Career Readiness Standard/Individual Transition Plan)? Yes No

Are you being involuntarily separated from active duty due to a reduction-in-force? Yes No

Have you attended a Transition Assistance Program (TAP) Workshop within the last 3 years? Yes No

VETERAN INFORMATION

Did you serve more than 1 tour of duty? Yes No

Military Service Begin Date: _____

Military Service End Date: _____

Received a Military Campaign Badge: Yes No

Branch of Service: _____

Active in the military reserves:

Yes, I am active in the military reserves

No, I am not active in the military reserves

Not Specified

Most Recent Character of Service Received:

Honorable

Under Honorable Conditions (general)

Under Other Than Honorable Conditions

Bad Conduct

Dishonorable

Uncharacterized

Other (please explain) _____

Disabled Veteran: Yes No Disability Percentage: _____

Homeless Veteran: Yes No

Referred by Veteran's Voc Rehab (Chapter 31): Yes No

Are you currently incarcerated or have you been released from incarceration? : Yes No I do not wish to answer

Within the last 12 months, have you been without a paycheck for 27 or more weeks? Yes No Not Sure

Recently Separated (within 3 years) Yes No

Have you attended a Transition Assistance Program (TAP) Workshop within the last three years? Yes No