

CalJOBS Registration (WIOA)

LOGIN INFORMATION		
Create a User Name:	Create a Password:	
User Name: 8-16 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's your mother's maiden name? <input type="checkbox"/> What is your pet's name? <input type="checkbox"/> What was the name of your first school? <input type="checkbox"/> Who was your childhood hero? <input type="checkbox"/> What is your favorite pastime?	<input type="checkbox"/> What is your all-time favorite sports team? <input type="checkbox"/> What is your father's middle name? <input type="checkbox"/> What was your high school mascot? <input type="checkbox"/> What make was your first car or bike? <input type="checkbox"/> Where did you first meet your spouse? <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	
DEMOGRAPHIC INFORMATION		
Date of Birth:	What sex were you assigned at birth, on your original birth certificate: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	
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		
How would you describe yourself? <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transgender <input type="checkbox"/> Do not identify as a man, woman, or transgender <input type="checkbox"/> Prefer not to disclose		
What do you consider your sexual identity to be? <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Homosexual/Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> I am not sure or I am still questioning my sexual identity <input type="checkbox"/> An identity not listed <input type="checkbox"/> Prefer not to disclose		
Name, Address and Contact Information:		
First Name:	Last Name:	
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Residential Street Address:		
City:	State:	Zip:
Use residential address for mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
Email Address:		
Preferred Notification Method: <input type="checkbox"/> Internal Message (CalJOBS) <input type="checkbox"/> Email <input type="checkbox"/> Internal Message w/E-Mail <input type="checkbox"/> Text <input type="checkbox"/> Text Notification		
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"/> Elementary School <input type="checkbox"/> Middle School <input type="checkbox"/> High 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"/> 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: _____		
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified <i>Please also answer the following questions</i>		
Are you deaf or do you have serious difficulty hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified	
Are you blind or do you have serious difficulty seeing even when wearing glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified	
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified	
Do you have serious difficulty walking or climbing stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified	
Do you have difficulty dressing or bathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified	

EDUCATIONAL INFORMATION**Your Highest Education Level:**

- High School Diploma High School Equivalency Diploma (GED) Certificate of Attendance/Completion (Disabled Individuals) If less than High School graduate, number of grades completed: _____
- Vocational School Certificate College or a Technical or Vocational School, Years completed: _____
- AA BA/BS Master's Degree Doctorate Degree Specialized 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 State Government Federal Government Non-profit
- Education K-12 Higher Education Have never worked Other

Are you receiving Unemployment Insurance?

- 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: _____

Have you worked as a farmworker in the last 12 months? Yes No If Yes, have you been employed the past 12 months in Farmwork of a season or temporary nature? Yes No If Yes, have you traveled to the job site and not reasonably able to return to your permanent residence within the same day? Yes No Are you a full-time student? Yes No If Yes, are you traveling with your family? Yes No Are you traveling with an organized group? Yes No

What is your desired job title?

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"/> Sikkimese | | <input type="checkbox"/> White |

Language

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

If yes, what language? _____

How well do you speak that language? Very Well Well Not Well Not at all

Do you require English language assistance? Yes No

How well do you speak English? Fluently I speak and understand English well enough to communicate I require an interpreter

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 _____

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)

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

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

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

Are you being involuntarily separated from active duty due to a reduction- in-force? 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

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