

CalJOBSSM

CALJOBS WEBSITE REGISTRATION USERS MANUAL

Winter 2017

Getting Started

Go to URL: <https://www.caljobs.ca.gov/loginintro.asp>

The Home Page Looks like below:

Secure https://www.caljobs.ca.gov/loginintro.asp

Apper monoviaschools.net bookmarks GOVERNOR'S CARE! Audience Overview www.acwasc.org/hy www.acwasc.org/uc UC B.C. Login Sign in - MyTechDir Postsecondary Scho

Home Register or Sign in Services for Individuals Services for Employers

CalJOBS If you have not previously registered, please click one of the links under *Create a User Account* to create a new User ID. To view CalJOBS with limited access, click the *Guest Access* link.

For help click the question mark icon next to each section.

Option 1 - Already Registered

User Name:

Password:

Sign In

If you have forgotten your user name and/or password, please click [Retrieve User Name or Password](#)

Scroll down to Option 3 and Click "Option 3 – "Create a User Account"

Option 2 - Try Us Out

If you would like to view CalJOBS as a visitor to see what services are available, please click [Guest Access](#)

Option 3 - Create a User Account

To become a CalJOBS user with access to our online services, select one of the following account types. If you are not sure about registering, visit the [Why Register?](#) page.

Individual - Register as this account type if you are an individual and wish to search for the latest job openings, post a resume online, find career guidance, search for training and education programs, find information on local employers, etc.

Employer - Register as this account type if you represent an employer and wish to post job openings online, search for candidates for your jobs, view local industry or labor market information, etc.

Provider - Register as this account type if you are a training provider who wishes to enter or update your available courses for use in the system. Once a new account request is approved, you will be able to enter information about your courses, such as costs, schedules, credentials, etc. You can also request that a training program be approved as eligible under the Workforce Innovation and Opportunity Act.

[Return to previous page](#)

Enter Name and Address



Please enter the following contact information and click the Next button when you are finished.

• indicates required fields.

Name

* First Name:

Middle Initial:

* Last Name:

Enter your first and last name. Click "Next."

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Please enter the following information below and click the Next button when you are finished.

• indicates required fields.

For help click the question mark icon next to each section.

Residential Address

Are you homeless? Yes No

This is where you live.

* Address Line 1:

Address Line 2:

Apartment, Suite, Building, or Unit:

* Zip Code: [Find zip code](#)

* City:

* State:

* County / Parish:

* Country:

Enter your complete address.

Mailing Address and Phone Number

Mailing Address

This is where you receive your mail.

Use residential address

* Address Line 1:

Address Line 2:

Ap * of * Builg * Sub *

* Zip Code:

* City:

* State:

* Country:

Enter your mailing address. If your mailing address is the same as where you live, check the box next to "Use residential address." Click "Next."

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Please enter the following information below and click the Next button when you are finished.

* Indicates required fields.

For help click the question mark icon next to each section.

Phone Numbers

* Primary Phone: - - Ext:

* Primary Phone Type:

Alternate Phone: - - Ext:

Alternate Phone Type:

Text Message Cell Phone Number:

Only certain communications such as iChat, Reminders and can be sent via text message. Some text messaging may vary. Other important notices including some regarding unemployment benefits will NOT be sent via text message.

Fac: - -

Enter phone number and phone type. Add an alternate phone number, if you have one. If you are ok with receiving text messages, put your cell number in the "Text Message" box. Click "Next."

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Citizenship, Disability, and Current Employment Status



Please enter the following information and click the Next button when you are finished.

* indicates required fields.

For help click the question mark icon next to each section.

Citizenship

* Citizenship

Enter your citizenship status:
green card is acceptable.

Disability

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

Answer the questions about
disabilities Click "Next"
below this box.

* 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



Please enter the following information below and click the Next button when you are finished.

* indicates required fields.

Employment Information

* Current Employment Status:

* Type of business worked in:

* Unemployment Eligibility Status?

* Are you currently looking for work? Yes No

If you are not working, mark
"Unemployed." If not working
regularly, or working 20
hours per week or less, mark
"Employed Part-time."

* 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, I have recently received a notice of termination or military separation.
 No, I have not recently received a notice of termination or military separation.

Enter your employment
status.

If collecting Unemployment
benefits, fill that out in
"Unemployment Eligibility
Status." Choose "Claimant,"
if receiving benefits or
"Exhausted," if benefits have
ended.

Click "Yes" for "Are you
currently looking for work?"

*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 I have recently received a notice of termination or military separation.
- No, I have not recently received a notice of termination or military separation.

Answer question about notice of termination and farmworkers.
Click "Next."

Farm Worker Information

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

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Job Desired

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Please enter the following information below and click the Next button when you are finished.

* indicates required fields

For help click the question mark icon.

Job Title

Please enter a job title below. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

* What is your desired job title?

Your desired job and occupation titles can be changed at any time after registration.

Job Occupation

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.

Suggested occupation(s):

[\[Search for an occupation \]](#)

* Occupation Title **Medical Assistants**

* Occupation Code **31509200**

To complete "What is your desired job title?" type in the job title's below based on your program:

| Program | Job Title |
|---------------------------|---------------------------|
| Automotive Technician | Automotive Technician |
| Certified Nurse Assistant | Certified Nurse Assistant |
| Construction (Choose one) | Carpenter |
| | Electrician Assistant |
| | Drywall Installer |
| | HVAC Maintenance |
| Computer (Choose One) | Clerical Assistant |
| | Accounts Payable Clerk |
| | Receptionist |
| | Bookkeeping Clerk |
| Medical Assistant | Medical Assistant |
| Pharmacy Technician | Pharmacy Technician |

Ethnicity/Race and Military Service Information



Please enter the following information below and click the Next button when you are finished.

• Indicates required fields.

For help click the question mark icon.

Ethnic Origin

- Are you of Hispanic or Latino heritage? Yes No I do not wish to answer.
- Race - Please check all that apply:
- African American/Black
 - American Indian/Alaskan Native
 - Asian
 - Hawaiian/Other Pacific Islander
 - White
 - I do not wish to answer.

Select ethnicity and race.

Click "Next."

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Please enter the following information below and click the Next button when you are finished.

• Indicates required fields.

For help click the question mark icon.

Military Service

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

- 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? 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

Complete "Military Service" info.

Click "Next."

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Public Assistance

CalJOBS™ Please enter the following information

* Indicates required fields.

For help click the question mark icon next to each section.

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 FoodStamps)? 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

- * Have you been determined eligible for or received Supplemental Nutritional Assistance Programs Assistance (SNAP formerly known as FoodStamps)? 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
- I do not wish to provide household information
- * Number of individuals living in your household
- * Total income earned within the last 6 months

Complete "Public Assistance" info.

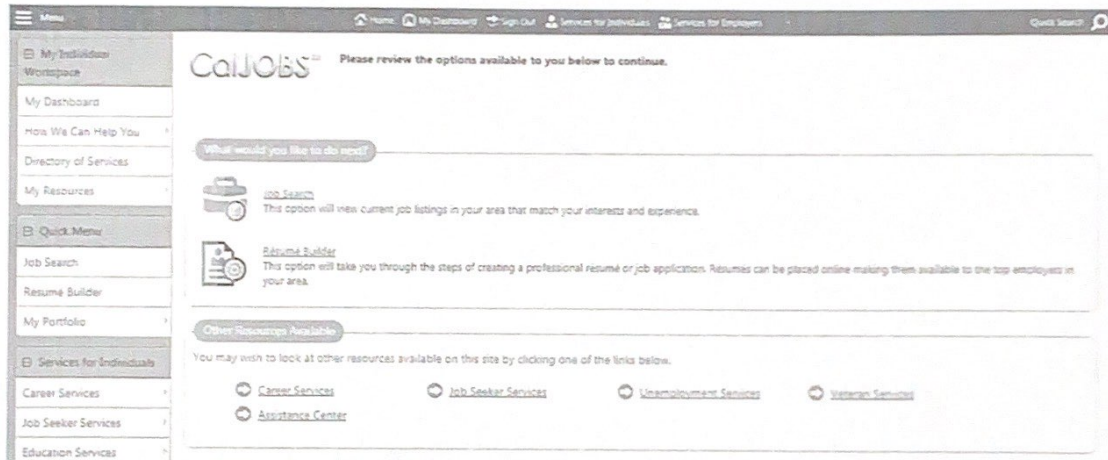
Click "Finish."

YOU'RE DONE!!!

[<< Back](#) [Finish](#)

CLICK FINISH AND YOU'RE DONE!!

Dashboard



Dashboard looks like above.