# How to Sign-up for Eligibility Explorer Program Guide Burbank Employment Connection at Burbank Public Library

Last Updated August 30, 2021

This is a referral-based program to sign up for training opportunities and job search assistance through the America's Job Centers at no cost. The program(s) are specifically for Adult Service (WIOA), Dislocated Worker Services (WIOA) and Youth Services (WIOA). Please be aware that this does NOT guarantee eligibility, but it will help put you on the right track to meeting with staff and determining what assistance is available.

#### Step 1

From the Welcome to My Individual Workspace page, Click on View your Personal Profile and Contact Information blue link to complete the application and sign-up for the Eligibility Explorer program.



# Step 2

In the **General Information** section, enter **First Name** and **Last Name**.

Please note: If changes/updates are made, click the Save button (at the bottom) if not completing application.

| 7 |
|---|
|   |

#### Step 3

Select a **Security Question** using the drop-down menu, provide an answer in the **response box**, and enter **PIN ID** used in **"How to create a CalJOBS User Account**" section 6.

| Login Informat                  | ion                                 |
|---------------------------------|-------------------------------------|
| Login Name:                     | Change User Name                    |
| Password:                       | Change password                     |
| *Security Question:             | None Selected                       |
| *Security Question<br>Response: | Special characters are not allowed. |
| PIN ID:                         | Enter a 4 digit number              |

Type your email address and re-enter it to confirm.

| E-mail Addro    | ess   |   |
|-----------------|---|---|
| Primary E-mail: |   | ] |
|                 | Create E-mail Account Read Our E-mail Security Policy | 7 |
| Confirm Primary |   |   |
| E-mail Address: |   |   |

#### Step 5

Select response for **homeless question**; enter **residential address**, **zip code**, **city** and use drop down menus to select **state**, **county** and **country**.

#### Step 6

If mailing address is the same as the residential address select the **Use residential address** box. If mailing address is not the same as the residential address, enter mailing address, zip code, city, and use the drop-down menu to select state and country.

#### Step 7

Enter **primary phone number**, select **primary phone type** from the drop-down menu, and to receive text messages enter phone number in **Text message cell phone number** section, providing phone number to receive text messages is optional.

| Residential Address            |                                   |  |
|--------------------------------|-----------------------------------|--|
| *Are you homeless?             | O Yes O No                        |  |
|                                |                                   |  |
| This is where you live.        |                                   |  |
| *Address Line 1 :              |                                   |  |
| Address Line 2:                |                                   |  |
|                                | Apt #, Lot #, Building #, Suite # |  |
| *Zip Code:                     | Find zip code                     |  |
| *City:                         |                                   |  |
| *State:                        | California 👻                      |  |
| *County / Borough /<br>Parish: | Los Angeles County 🔹              |  |
| *Country:                      | United States 👻                   |  |

| Mailing Address                                      |                                   |
|--|-----------------------------------|
| This is where you receive yo Use residential address | ur mail.                          |
| *Address Line 1 :                                    |                                   |
| Address Line 2:                                      |                                   |
|  | Apt #, Lot #, Building #, Suite # |
| *Zip Code:   |                                   |
| *City:   |                                   |
| *State:  | California 👻                      |
| *Country:  | United States 👻                   |

| Phone Numbers                      |                   |
|------------------------------------|-------------------|
| *Primary Phone:                    | Ext: !!!          |
| *Primary Phone Type:               | Cell/Mobile Phone |
| Alternate Phone:                   | Ext:              |
| Alternate Phone Type:              | None Selected 👻   |
| Text Message Cell<br>Phone Number: |                   |

Select preferred method to **receive notifications** using the drop-down menu.

#### Step 9

Select "Library" from the drop-down menu when answering **From where are you accessing this website?** And select "Workforce Partner" from the drop-down menu when answering **How did you hear about this website?** 

#### Step 10

Enter **DOB**, select **Sex (**at birth), select **Selective Service** response from drop-down menu. Disclosing Gender ID and Sexual ID are optional.

#### Preferred Notification Method

\* Please select a method in which you prefer to receive your notifications:

| Site Access                                  |                   |
|--|-------------------|
| * From where are you accessing this website? | Library 👻         |
| How did you hear about this website?         | Workforce Partner |

Email

•

| Demographic Information  |  |  |
|--|--|--|
| <sup>•</sup> Date of Birth:  | (MM/DD/YYYY)                             |  |
| Age:   |  |  |
| *What sex were you<br>assigned at birth, on your<br>original birth certificate?: | O Female O Male O Prefer not to disclose |  |
| Have you registered with the Selective Service?                                  | None Selected                            |  |
|  | [ <u>Selective Services web site</u> ]   |  |
| How would you describe<br>yourself?  | None Selected 🗸                          |  |
| What would you consider<br>your sexual identity to be?                           | None Selected 🔹                          |  |

#### Step 11

#### Select **Citizenship** status from drop-down menu.

Disclosure of citizenship status is optional. (depending on selection limited help may be provided)

| Citizenship    |                                   |   |
|----------------|-----------------------------------|---|
| * Citizenship: | Citizen of U.S. or U.S. Territory | · |

Answer the following questions about **disability**. Disability disclosure is optional and if disclosing a disability, applicant may be eligible for additional resources and/or services. Disability information will not be shared.

| Disability  |   |
|---|---|
| <sup>*</sup> Do you wish to disclose a<br>disability?   | <ul> <li>Yes, I have a disability I wish to disclose.</li> <li>No, I do not have a disability.</li> <li>I do not wish to answer.</li> </ul> |
| *Are you deaf or do you have<br>serious difficulty hearing?   | O Yes O No O Not Specified  |
| *Are you blind or do you have<br>serious difficulty seeing even<br>when wearing glasses?  | O Yes O No O Not Specified  |
| *Because of a physical, mental,<br>or emotional condition, do you<br>have serious difficulty<br>concentrating, remembering,<br>or making decisions? | O Yes O No O Not Specified  |
| * Do you have serious difficulty<br>walking or climbing stairs?   | O Yes O No O Not Specified  |
| *Do you have difficulty dressing<br>or bathing?   | O Yes O No O Not Specified  |

#### Step 13

Select **Highest Education** from the drop-down menu, and answer **Are you attending school** from the drop-down menu.

*\*if applicant is youth, there may be additional services.* 

| Education Information                   |   |   |
|---|---|---|
| *Your Highest Education Level Achieved: | High School Diploma   | - |
|   | If you have a High School Diploma or High School<br>Equivalency Diploma, please select the appropriate value<br>of High School Diploma or High School Equivalency<br>Diploma. |   |
| *Are you attending school?              | None Selected   | • |

#### Step 14

Select **Current Employment Status** from the drop-down menu, type of business worked in and **Unemployment Eligibility Status**, specify if **currently looking for work**, and select if within the last 12 months, you've received a notice of termination, layoff or separation from the military. Programs exist for those that have been laid off.

| Employment Informati  | on                                  |   |
|---|-------------------------------------|---|
| *Current Employment Status:   | Not Working                         |   |
| * <u>Type of business worked in</u> :                                 | None Selected 👻 !                   |   |
| * <u>Unemployment Eligibility Status</u> ?                            | None Selected                       |   |
| * Are you currently looking for<br>work?                              | O Yes O No                          |   |
| Within the last 12 months, have ye                                    | ou received a notice of termination | • Yes, I have recently received a notice of termination, layoff or military separation.   |
| or layoff from your job or received separating from military service? | l documentation that you are        | O No, I have not recently received a notice of termination, layoff or military separation |

#### Step 15

Farm work disclosure.

| Farmworker Inform   | ation   |
|---|---|
| The following questions do not p                              | vertain to work performed on a family farm, ranch, beekeeping, food processing or food manufacturing operation owned by yourself or close relative: |
| *Have you worked as a<br>farmworker in the last 12<br>months? | O Yes O No  |

Type **desired job title** in the field.

| Job Title  |   |
|--|---|
| Please enter a job title below. As you<br>*What is your desired job title? | 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. |
|  | Your desired job and occupation titles can be changed at any time after registration.   |

#### Step 17

Click on **Search for an occupation** link to view pop-up window to search job lists.

| Job Occupation  |
|---|
| Please select the occupation that best matches your job title. You may either select from the Suggested<br>Occupations drop-down list, which is populated based on the job title above, or you can search for an<br>occupation using the search link. |
| Suggested occupation(s):  |
| None Selected 🗸   |
| [ Search for an occupation ]  |
| Occupation Title:   |
| Occupation Code:  |
|   |
| << Back Next >>   |

#### Step 18

Enter occupation in **Keyword Search Options** box, then click on **Search** or click on the top **Occupations** categories underlined in blue to browse.



### Step 19

Select your **ethnic origin** and **race**, disclosure is optional.

| Ethnic Origin                               |   |  |  |
|---|---|--|--|
| *Are you of Hispanic or Latino<br>heritage? | Yes O No O Information Not Provided   |  |  |
| *Race - Please check all that<br>apply:     | African American/Black American Indian/Alaskan Native Asian Hawaiian/Other Pacific Islander White I do not wish to answer |  |  |

Answer the following question about your English language proficiency.

| Language  |            |
|---|------------|
| Do you have limited<br>proficiency in speaking,<br>writing, reading, or<br>understanding English? | 🔘 Yes 🔘 No |
| or<br>Do you have difficulty in   |            |
| speaking, writing, reading,   |            |

### Step 21

Answer the following questions about your Military Service, if any. Please note any of these marked yes qualifies for veteran programs.

# Step 22

Answer the questions regarding **Public Assistance**. Please note any of these marked yes qualifies for priority in service. If marked no but income is low and depending on income applicant could qualify as priority. After answering all questions, click on Save and then My Dashboard.

| Military Service  |            |
|---|------------|
|   |            |
| Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.  |            |
| *Are you currently in the<br>military, a veteran or the<br>spouse of a veteran?   | 🔿 Yes 🚫 No |
| *Are you a caregiver who is a<br>spouse or family member to a<br>member of the armed forces<br>who is wounded, ill or injured<br>and receiving treatment in a<br>military facility or warrior<br>transition unit? | 🔿 Yes 🔘 No |
| *Are you a member of the<br>armed forces who is wounded,<br>ill or injured and receiving<br>treatment in a military facility<br>or warrior transition unit?   | 🔿 Yes 🚫 No |
| Are you the Spouse of someone<br>in the active-duty military<br>service, National Guard or<br>Reserves who is currently<br>activated?   | 🔿 Yes 🚫 No |

| Public Assistance   |                          |  |
|---|--------------------------|--|
|   |                          |  |
| Please provide answers to the following questions if any apply within the last 6 months.  |                          |  |
| * Has your household received<br>Temporary Assistance for<br>Needy Families (TANF)<br>payments?   | O Yes O No               |  |
| * Have you been determined<br>eligible for or received<br>Supplemental Nutrition<br>Assistance Program assistance<br>(SNAP formerly known as Food<br>Stamps)? | O Yes O No               |  |
| * Have you received General<br>Assistance Payments?   | O Yes O No               |  |
| * Have you received Refugee<br>Cash Assistance Payments?  | O Yes O No               |  |
| * Have you been supported<br>through the State's Foster Care<br>System?   | 🔘 Yes 🔘 No               |  |
| I do not wish to provide house  | hold information         |  |
| *Number of individuals living in<br>your household  | 1 -                      |  |
| * Total income earned within the<br>last 6 months   | \$ 0.00 !                |  |
|   | Save Cancel My Dashboard |  |

Select the **My Dashboard** category, click on the **Widgets** section, and select the **Eligibility Explorer**.



#### Step 24

Under Available Programs, select the Interested box for the Adult Services (WIOA) program, and then click on Next>> to sign-up.

#### Adult Services (WIOA)

#### (WIOA) The WIOA Youth program is The WIOA Adult program improves the quality of the adult workforce The WIOA Dislocated Worker federally funded to provide a reduces welfare dependency, and program provides a variety of comprehensive system of training enhances the productivity and services to workers who have been and support services for young competitiveness of the nation's adults 14 - 24 years of age in impacted by plant closures, workforce. The program provides preparation for the workforce. The workforce reductions, and natural adults with workforce preparation, disasters that lead to job loss. The program is dedicated to academic career services, training services and goal is to provide dislocated excellence, career preparation for job placement assistance needed to workers with the tools and support youth in the workplace and increase occupational skill needed to obtain credentials and community, the development and attainment, obtain industry occupational skills leading to jobs in support of work experiences, and recognized credentials, and secure a high growth industries and high active leadership roles for good job that provides earnings demand occupations. The program participants. that lead to self-sufficiency. enhances the quality, productivity and competitiveness of the workforce while meeting the needs of employers. Interested Interested Not Eligible < < Back Next >>

Dislocated Worker Services

Youth Services (WIOA)



