



America's **JobCenter**
of California™



JOB SEARCH HELP

OUR TEAM CAN HELP YOU WITH

- ✓ Career Planning
- ✓ Virtual Resume & Interviewing Workshops
- ✓ Short-Term Vocational Training
- ✓ Labor Market Information



Visit CalJOBS.ca.gov and "Register New User" then contact one of our offices below.
Appointments available.

RIVERSIDE

1325 Spruce St., Ste. 110
Riverside, CA 92507
951.955.3100

HEMET

749 North State St.
Hemet, CA 92543
951.791.3500

INDIO

44-199 Monroe St., Ste. B
Indio, CA 92201
760-863-2500

MORENO VALLEY

12625 Frederick St, Suite K-3
Moreno Valley, CA 92553
(951) 413-3920

BLYTHE

1 College Drive
PE Building
Blythe, CA 92225
(760) 640-3144

RivCoWorkforce.org | WorkforceHelp@rivco.org

This WIOA Title I financially assisted program or activity is an equal opportunity employer/program. Equal Opportunity Notice. Auxiliary aids and services are available upon request to individuals with disabilities. Please call 951.955.3100, 951.955.3744 TTY, CA Relay 711, or ADACoordinator@rivco.org 5 to 7 days in advance.



Greetings,

Thank you for stopping by your local Workforce Development Center. Onsite we have experienced career counselors that can assist you with the following:

- Career Planning
- Customized Job Search
- Resume Building
- Enrollment into Vocational Training

** For individuals that qualify, workforce development can assist with up to \$8,000, for the cost of training through an approved training provider. You must be a Riverside County resident to apply for services.

To access our services, you will need to follow three steps:

1. You will need to create a CalJOBS account or update your existing account at www.caljobs.ca.gov
2. Create an Eligibility Explorer application located in your caljobs account. This is where you will upload your driver's license (**I.D. is not accepted**), social security card, birth certificate, HS diploma or HS transcript, proof of address showing you work or live in Riverside County. If you are not a U.S. citizen, you will need to upload your U.S. permanent resident green card.
3. Complete the attached application. A checklist has been provided to ensure you turn in a complete application.

**Applications and requested documents may be dropped off at one of our centers or emailed to us at workforcehelp@rivco.org. Once we receive your application, you will be assigned to a career counselor who will follow up with you via email or call you regarding your application. If you have any questions or are unable to provide any of the requested documents, please contact us at the numbers listed below.

Center Locations

Riverside

1325 Spruce Street, Ste 110
Riverside, CA 92507
(951) 955- 3100
Monday through Friday from
8:00am to 5:00pm.

Hemet

749 N. State Street
Hemet, CA 92543
(951) 791- 3500
Monday through Friday from
8:00am to 5:00pm.

Indio

44-199 Monroe Street
Indio, CA 92201
(760) 863- 2500
Monday through Friday from
8:00am to 5:00pm.

We look forward to serving you.

Thank you,

Riverside County Workforce Development

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WIOA Application Checklist

The following checklist is provided as a guide to ensure you have completed all application requirements. Please follow the provided checklist to avoid delays in the processing of your application as incomplete applications will be returned.

- CAL JOBS ACCOUNT** - Please make sure that you have either created or updated your CalJOBS account, create an Eligibility Explorer Application located in your caljobs account with current contact information and job history.
- APPLICATION** - The application must be completed entirely. Please make sure all boxes are filled out and complete. Dates must be in mm/dd/yyyy format. You must also review, sign, and return the attached forms:
 - WIOA Application
 - WDC Customer Receipt of Information Acknowledgement
 - Nepotism Form
 - Release of Information Authorization
 - DD 214 (Veterans only)
 - (Males Only) Print your Selective Service Registration www.sss.gov
 - CDL students must submit a K-4 driving record from the DMV.
- VERIFICATION DOCUMENTS** - The following documents must be turned in along with your application. Missing documents will delay the processing of your application.
 - Valid Government Issued Driver's License
 - Copy of your Social Security Card
 - High School Diploma, GED, or High School Transcripts (**College degrees/ transcript not accepted**)
 - Proof of Address (Applicant Statement can be used as a self-attestation).
 - Proof of Family Size (birth certificate, tax returns, Notice of Actions from DPSS, etc.)
- HOUSEHOLD INCOME** - Please provide any income received by you (and/ or your spouse) in the last 6 months. Income includes, but is not limited to:
 - Pay Stubs from an employer and/ or W2 (must show gross income)
 - Public Assistance (TANF, Cal Fresh/ SNAP, General Assistance, Notice of Action, etc.)
 - Social Security (SSI/ SSDI) Verification of Benefits
 - EDD (Unemployment/ Disability) **UI Online Verification – must show your name.
 - Child Support Payments
 - Pension/ Retirement Letter
 - Parent's most recent paystub if you are unemployed and have never worked.
 - Applicant Statement may be required, case by case basis.



Payment History

EXAMPLE

Unemployment Insurance benefits issued between 01/21/2021 and 07/21/2021: \$13,424.00

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View	Payment Issue Date	Payment Issued	Payment ID	Payment Status
Details	07/07/2021	\$934.00	15537543	Paid
Details	06/24/2021	\$934.00	12686316	Paid
Details	06/04/2021	\$934.00	07771050	Paid
Details	05/19/2021	\$934.00	04550804	Paid
Details	05/12/2021	\$934.00	02987496	Paid
Details	05/12/2021	\$934.00	02987495	Paid
Details	04/25/2021	\$434.00	95645548	Paid
Details	04/13/2021	\$934.00	93091651	Paid
Details	04/13/2021	\$467.00	93091652	Paid
Details	03/11/2021	\$934.00	84601577	Paid

1 2 Next

[Return](#)

EXAMPLE



WIOA ELIGIBILITY WORKSHEET

America's Job Center of California (AJCC)

Blythe Indio Hemet Moreno Valley Riverside

ANSWER ALL QUESTIONS – PLEASE PRINT LEGIBLY

Name: _____

Date of Birth _____ Gender: Female Male

Street Address: _____ Mailing Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Alternate Contact (Name & Number): _____

General Information

Are you a: Citizen of the U.S. or U.S. Territory
 U.S. Permanent Resident (*Alien/USCIS #:* _____)
 Alien/Refugee Lawfully Admitted to the U.S. (*Alien/USCIS #:* _____)
 None of the Above

Are you registered with Selective Service? (male born after 12/31/59) Yes No N/A

Hispanic/Latino Heritage: Yes No I do not wish to answer

Race (Ethnicity) check all that apply:
 African American/Black American Indian/Alaskan Native Asian
 Hawaiian/Other Pacific Islander White I do not wish to answer

Military Services

Are you currently in the military, a veteran, or the spouse of a veteran? Yes No (If No, skip to Employment section)

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

Are you a current member of the California National Guard? Yes No

Are you a Transitioning Service Member? Yes No
If Yes, are you: Within 12 months of discharge Within 24 months of retirement
Estimated discharge date: _____

Eligible Veteran Status? Yes, Less than 180 days Yes, Eligible Veteran
 Yes, Other Eligible Person No

Served more than one (1) tour of duty? Yes No
Service Entry Date(s): _____
Service Date: _____

Campaign Veteran: Yes No
Are you a Disabled Veteran: Yes, Disabled Yes, Special Disabled (greater than 30%) No
Are you a Homeless Veteran: Yes No
Recently separated veteran (within the last 48 months)? Yes No
Attended a Transition Assistance Program (TAP) workshop within the last 3 years? Yes No

For Staff Use Only
State ID# _____

Employment Information

Are you: Employed Under-employed Never Employed
 Not Employed Employed, but I have received a notice of termination or military separation

Are you self-employed and recently closed your business due to general economic conditions? Yes No

Are you participating in a Registered Apprenticeship program? Yes No

Are you receiving Unemployment Insurance (UI) benefits?

- Yes - Claimant/Receiving Yes – Exhausted Benefits
- Yes, Referred by EDD Worker Profiling and Reemployment Services (WPRS)
- No

Number of weeks unemployed: _____ Are you currently looking for work? Yes No

What type of work? _____

Do you have any related licenses or certifications from a job? Yes No

Within the last 12 months have you received a notice of termination or layoff from your job? Yes No

Have you worked as a farmworker/food processor at packing houses/nurseries/orchards, for at least 25 days with the last 12 months? Yes No

If Yes: Farmworker Migrant Migrant Farmworker

Type of Qualifying Farm Work: Agricultural Production & Services Food Processing Establishments

LIST YOUR LAST 2 JOBS, STARTING WITH THE LAST JOB YOU HELD. THIS INCLUDES CURRENT JOB IF STILL EMPLOYED AND SELF-EMPLOYMENT.

1. Company Name:	Address:	City, State, Zip:
Job Title:	Date Started:	Hourly Wage:
Reason for Leaving:	Date Left:	Hours per Week:
2. Company Name:	Address:	City, State, Zip:
Job Title:	Date Started:	Hourly Wage:
Reason for Leaving:	Date Left:	Hours per Week:

Education

What is the highest grade you have completed? _____

Check applicable box:

- H.S Diploma H.S. Equivalency/GED H.S. Dropout
- 1 Year of College/Technical/Vocational 2 Year of College/Technical/Vocational
- 3 Year of College/Technical/Vocational 4 Year Degree

Do you have a degree or certificate? Yes No

If Yes, describe degree/certificate _____

Are you currently attending school or training? Yes No

If Yes, where? _____

Public Assistance Programs- Please Check All That Apply	Yes	No
Have you or your family received Public Assistance in the last 6 months If yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving Temporary Assistance for Needy Families (TANF)? If yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving CalFresh/Supplemental Nutrition Assistance Program (SNAP)? If Yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving Supplemental Security Income (SSI)? If yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving General Assistance? If Yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Are you receiving Refugee Cash Assistance? If Yes, are you the: <input type="checkbox"/> Applicant <input type="checkbox"/> Family Member		
Have you or your family received Social Security Income in the last 6 months?		
Are you receiving or have received in the last 6 months SSDI (Social Security Disability Insurance)?		
Are you receiving or have received in the last 6 months California State Disability Insurance (SDI) payments?		
Are you currently a Ticket-to-Work holder issued by the Social Security Administration?		
Have you received services from the Veteran's Vocational Rehabilitation and Employment program, often referred to as the Chapter 31 program?		

Household Size and Income Information
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Family size: Total number of family members living in your residence (anyone, including yourself, living at home and related by blood, marriage, or decree of court)? _____

Number of dependent children in family under 22: _____

Family Income: List each member (including dependents) and earnings/source of income for the last 6 months. *Note public assistance payments, veteran benefits or veteran's active-duty income, and capital gains are not included as income.*

Name	Relation	Age	Total Income Last 6 months	Source of Income
	Applicant			

Additional WIOA Eligibility Information

Is English your native language? Yes No What is your preferred language? _____

Please check ALL that apply:

- Homeless Limited English Learner H.S. Dropout Substantial Cultural Barriers
- Basic Skills Deficient Gang Involved Single Parent Single Pregnant Women
- Learning Disability Substance Abuse Mental Impairment Physical Impairment
- Both Physical & Mental Impairment Justice Involved (Ex offender- felony or misdemeanor convictions)
- Other Not applicable

Are you currently in the foster care system? Yes No

Have you aged out of the foster care system? Yes No

If you checked any disability impairment, please identify your disability _____

Briefly describe your employment-related limitations:

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Riverside County Workforce Development Centers

PARTICIPANT AGREEMENT

Individual User ID	Applicant Full Name	Date:

Commitment

Riverside County Workforce Development Centers administer workforce development programs for Riverside County. A mutual commitment is required as we work together toward your employment and training goals. Your success will assist us in providing services to future participants.

Please initial below as acceptance of these conditions:

____ I am committed to pursuing and training employment upon completion of the services outlines in my individual employment plan and I agree to work with my Career Coach until I have secured employment.

____ I agree to communicate with my case manager regarding my employment status for 12 months after I have secured unsubsidized employment.

____ I agree to notify my case manager should my contact information of health/employment status change in order to keep my records current.

Release of Information Authorization

Please initial below as acceptance of these conditions:

____ I the undersigned, authorize the release of any and all information necessary to facilitate my participation in the Workforce Innovation and Opportunity Act (WIOA). This consent to release information includes education, public assistance, employment records and any other pertinent information needed to assist in the provision of services. I understand that employment includes but is not limited to; name of business, address, phone number, supervisor's name, job title, salary, description of job duties, and type of benefits. I understand this information will be collected and used for statistical purposes and will be used exclusively in the administration, delivery of services or program evaluation. This information may be shared with the necessary Workforce Development Center partners for the provision of comprehensive workforce development services. The terms and conditions of the agreement shall remain in effect for the duration of this program or until revoked in writing.

Nepotism

Is a member of your immediate family an elected city or county official or an employee of a City, County, or WIOA funded organization? Immediate family members are individuals such as a spouse, domestic partner, parents, grandparents, children, grandchildren, siblings, uncle, aunt, nephew, niece, first cousin, step-parent, step-child and any relative by marriage, (an "in-law").

Yes No If yes, what is his/her name, elected title, and relationship to you?

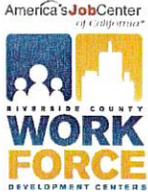
Media Release

Please initial below. Signing a Media Release is voluntary, and services are not dependent upon consent.

____ I hereby give the Riverside County Workforce Development Division and/or Workforce Development Centers permission to use my name, statement, photograph, audio/video recording and likeness for promotional, advertising and media purposes, including the internet and social media sites. My picture and/or audio/video recording may be used alone, as a member of a group, in a composite or in such other manner as will most favorably serve to promote and advertise the Riverside County Workforce Development Division and/or Workforce Development Centers. My picture and/or audio/video recording may be used with or without my name supporting the Riverside County Workforce Development Division and/or Workforce Development Centers. I agree there will be no compensation to me for the use of my image now or in the future.

____ I do not give consent to Riverside County Workforce Development Division.

I have read and agree to Riverside County Workforce Development Division's Participant Agreement.



WDC Customer Receipt of Information Acknowledgement

I acknowledge I have read and reviewed Riverside County Workforce Development Center's Participant Agreement Packet which includes:

- Participant Agreement
 - Commitment
 - Release of Information Authorization
 - Nepotism
 - Media Release
- Behavioral Guidelines
- Equal Opportunity and Nondiscrimination Notification (SPDU 448-01)
- WDC Behavior Guidelines (CSU 448- 50)
- What to do if You Believe You Have Experienced Discrimination (SPDU 448-02)
- Formal Grievance Notification (SPDU 448-05 Part A).

Full Name

XXX-XX-

Last 4 of SSN

Signature

Date

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Acuso de Recibo de Información de Parte de Clientes de los Centros

“WDC”

Con la presente declaro que he recibido copias de los siguientes documentos: *Reglas De Conducta del Centro De Desarrollo De La Fuerza Laboral (CSU 448-50S)*, *Notificación De Igualdad De Oportunidad Y No Discriminación (448-01S)*, *Qué Hacer En Caso De Que Crea Que Ha Sido Discriminado (SPDU 448-02S)*, y *Notificación Formal De Agravio (SPDU 448-05S Parte A)*.

Nombre Completo

XXX-XX-

4 ultimo números de su
Seguro Social

Firma

Fecha

Este programa o actividad financiada por el Título 1 de la Acta de Ley conocida en inglés como WIOA, se rige por el principio de Igualdad de Oportunidades para empleadores/programas. Ayudas Auxiliares y servicios disponibles cuando los soliciten individuos con discapacidades. Por favor llame con 5 o 7 días de anticipación al 951.955.3100, 951.955.3744 TTY, CA Relay 711, o adacoordinator@rivco.org.



BEHAVIORAL GUIDELINES

The Riverside County Board of Supervisors places extreme importance on Workforce Development Centers (WDC) customers, visitors, and staff to ensure everyone receives the highest quality service in a safe, comfortable, and professional job search environment. As a result, the Board has adopted a Zero Tolerance Standard, which includes threats and violent behaviors that are direct, indirect, implied or actual, from any person, and directed toward any person, occurring at any county location, or in connection with the conduct of county business. Conduct and attitude in the WDC is to be respectful and business-like at all times. Failure to adhere to these guidelines or repeat violations may result in immediate expulsion from the WDC and termination from any program or service provided by, or at, the WDC.

Rules of the WDC:

1. Use of the WDC is for job search, UI computers, and UI phones ONLY.
2. All customers using the WDC's services must have proper hygiene and be appropriately dressed (neatly) for a work environment.
3. No drinking or eating is allowed in the WDC in order to maintain clean work areas.
4. No cell phone calls are allowed in the WDC. Please be courteous of others and step outside if you must use the phone.
5. Please do not bring children 11 and under into the resource area. To prevent disruption, and for safety and liability reasons we ask that you make other arrangements for childcare if you plan to visit the WDC. Children cannot be left unattended in the lobby. If you are coming to the WDC for UI phones or UI computers, and **MUST** bring your children, please inform WDC staff so that they may assist you accordingly. This policy does not apply to: a) youth, 14 years and older, coming to the WDC to access resources; or b) youth accompanying their parents to assist with translation.

Behaviors that will result in immediate expulsion and termination of services:

- Possession of or the threat of use of any type of firearm, knife or other weapon in the WDC or in the surrounding parking area.
- Possession of or under the influence of alcohol, controlled or illegal substances while in the WDC or the surrounding parking area.
- Physically harassing or injuring any person while in the WDC or in the surrounding parking area. Physical harassment includes assault, impeding or blocking movement, offensive touching (e.g. pinching, patting, grabbing), leering, or a physical interference with normal work or movement.
- Verbally harassing or threatening with physical or emotional harm any person in the WDC locations, surrounding parking area, over the phone, via e-mail or fax. Such harassment includes lewd proposition, epithets, stereotypical or derogatory comments or slurs on the basis of race, color, national origin, ancestry, religion, sex, age, physical disability, mental disability, medical condition, marital status, pregnancy or sexual orientation. It also includes inappropriate sexually oriented comments regarding appearance, dress or physical features, or any race/ethnicity oriented stories or jokes.
- Misuse or abuse of resources

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Equal Opportunity and Non-Discrimination Notification

Programs funded by the Workforce Innovation and Opportunity Act (WIOA), and related federal employment and training activities shall be open for application to all qualified people. Your CIVIL RIGHTS UNDER FEDERAL LAW assures fair treatment in assessment and selection.

Riverside County Workforce Development Division (WDD) is prohibited from discriminating on the basis of race; color; religion; sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity); national origin (including limited English proficiency); age; disability; or political affiliation or belief; or against any beneficiary of, applicant to, or participant in, programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. Retaliation is a prohibited reason for exclusion of applicants.

If you believe you have experienced a statute-prohibited discrimination in this program for any of these reasons, you may file a complaint within 180 days from the date of the alleged violation through the Equal Opportunity Officer. Such complaints may also be directly filed with:

**Director, Civil Rights Center (CRC) U.S. Department of Labor
200 Constitution Avenue, N.W., Room N-4123
Washington, D.C. 20210**

If a complaint filed with this agency based on a prohibited discrimination, has not resulted in a Notice of Final Action within 90 days of filing, a complaint may be filed with the CRC at the above listed address.

If you need additional information about federal and state non-discrimination laws, the Americans with Disabilities Act, or related matters, you are welcome to contact:

**Adriana Escobedo
Equal Opportunity Officer
(Contact Info below)**

Formal Grievance Notification

Pursuant to Section 181 (c) of the Workforce Innovation and Opportunity Act (WIOA), local workforce investment areas shall establish and maintain a policy and procedure to record and resolve grievances and complaints that are raised in providing this program. If you believe there has been a violation of these laws, you may file a Grievance/Complaint directly with the WDD Equal Opportunity Officer within one year of the alleged occurrence.

WDD provides the following assistance for filing grievance/complaints:

1. Assistance from your employer, training provider, or WDD Equal Opportunity Officer in preparing, your complaint in writing, upon request;
2. An informal discussion with the training provider, employer, or WDD in order to discuss your complaint, and to identify and clarify issues of disagreement in an attempt to reach a mutually satisfactory resolution within 10 days of filing;
3. Notification in writing if the grievance or complaint is not resolved during the informal resolution process within 10 days prior to the date of the hearing.
4. Hearings on any grievance or complaint shall be conducted by an impartial hearing officer within 30 days of the filing of the grievance or complaint.
5. A final decision on your complaint from the Hearing Officer within 60 days of filing

In the event a person intends to file a grievance or complaint, the attached form must be completed and submitted to the WDD. Be sure to fill in all the required information to ensure completeness. If more space is needed to explain or describe the problem, please attach additional pages as necessary.

You have the right to request technical assistance. Should assistance be required or if additional information regarding the grievance/complaint procedure is needed please contact:

**Adriana Escobedo
Equal Opportunity Officer
1325 Spruce Street, Suite 110
Riverside, CA 92507
Telephone: 951.955.0464
FAX: 951.955.3310
TDD/TTY: 951.955.3744
Email: AEscobedo@rivco.org**