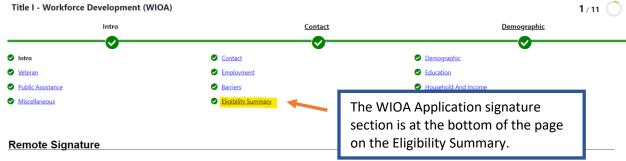
Attachment C: CalJOBS Electronic Signatures Screenshots (CalJOBS[™] WIOA Application Electronic Signature Instructions)

The Electronic Signature Module provides the ability to add electronic signatures to the Workforce Innovation and Opportunity Act (WIOA) Program. The Electronic Signature is required in the WIOA Application, Credential Page, and in the Individual Employment Plan (IEP) within CalJOBS directly.

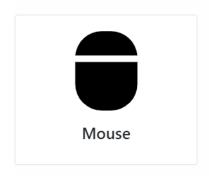
1. WIOA Application



Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.) I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.



Select Signature Input Method

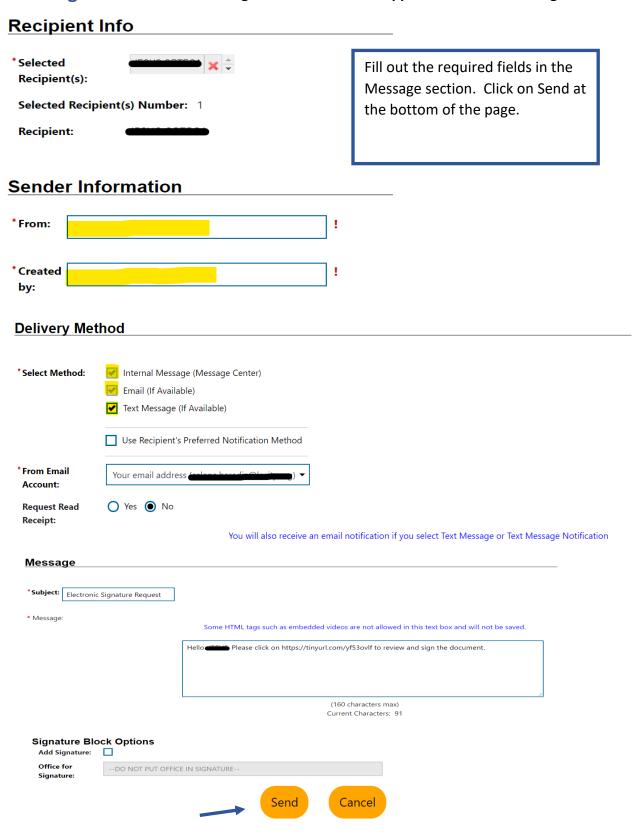




When staff clicks on the signature capture link, there will be two options: Mouse or Message.

Staff will use the Mouse for their signature and the Message to obtain the applicant signature.

Message Section: This message will be sent to the applicant to obtain the signature.



2. Individual Employment Plan (IEP)

■ My Individual Prof	iles 🗏 🗀 <u>My Individual Pla</u>	<u>ıns</u>	Staff Profiles				
<u> </u>	Employment Plan	<u>Profile</u>	<u> </u>				
	ofile 🕕 🛅 <u>Training Plan Pro</u>	<u>file</u>	Case Management Profile				
■ Self Assessment I	Profile 🕒 🛅 Benefits Plan Pro	<u>file</u>	Case Summary				
⊞ ☐ Communications	Profile 🕒 🛅 Financial Plan Pro	<u>ofile</u>	Programs				
			Plan				
Click on the Plan Tab to create the		create the	Assessments				
	IEP.		➡ ☐ Report Profile				
Case Summary	<u>Programs</u>	Plan	Assessments				
Objective Assessment Summary There are No Objective Assessment Summaries Create Objective Assessment Summary							
Individual Employment Plan/Service Strategy							

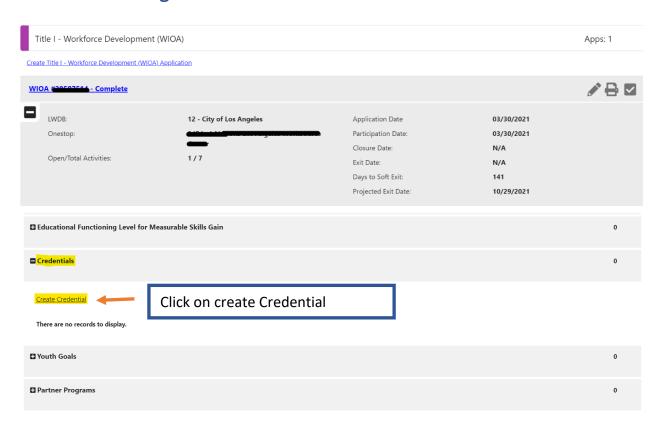


Remote Signature

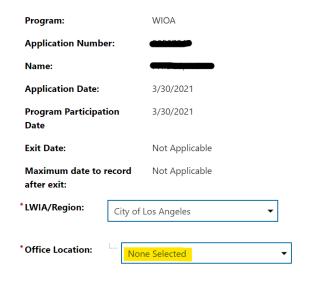
Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.) I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

Applicant Signature:				Capture Signature
Staff Signature				Capture Signature
Staff Signature:				y Capraire signature
	Next >>	Delete	Print	
	TOXE 7 7	Delete	Time	

3. Credential Page



General Information



Complete all the required fields in the Credential Page.

Once the sections have been filled out, click save and the Electronic Signature section will become available.

Credential Information

*Credential Received:	None Selected	
Other Credential:		
Credential Verification:	[<u>Verify</u> <u>Scan</u> <u>Upload</u> <u>Link</u>]	
*Date Credential Received:	(mm/dd/yyyy) 🖼 <u>Today</u>	
Associate to Training/Activity record:	[Search Activities/Services]	
Agency Code:	- [<u>Agency Code Search</u>]	
	Save	
Remote Signature		

Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.) I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

