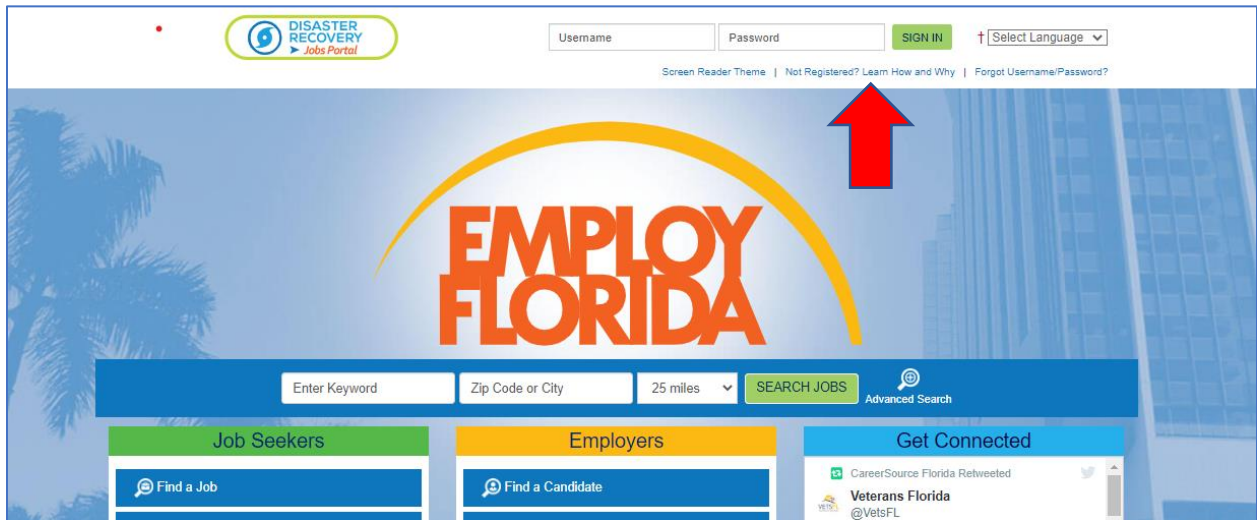


EmployFlorida.com Individual Sign-Up Guide

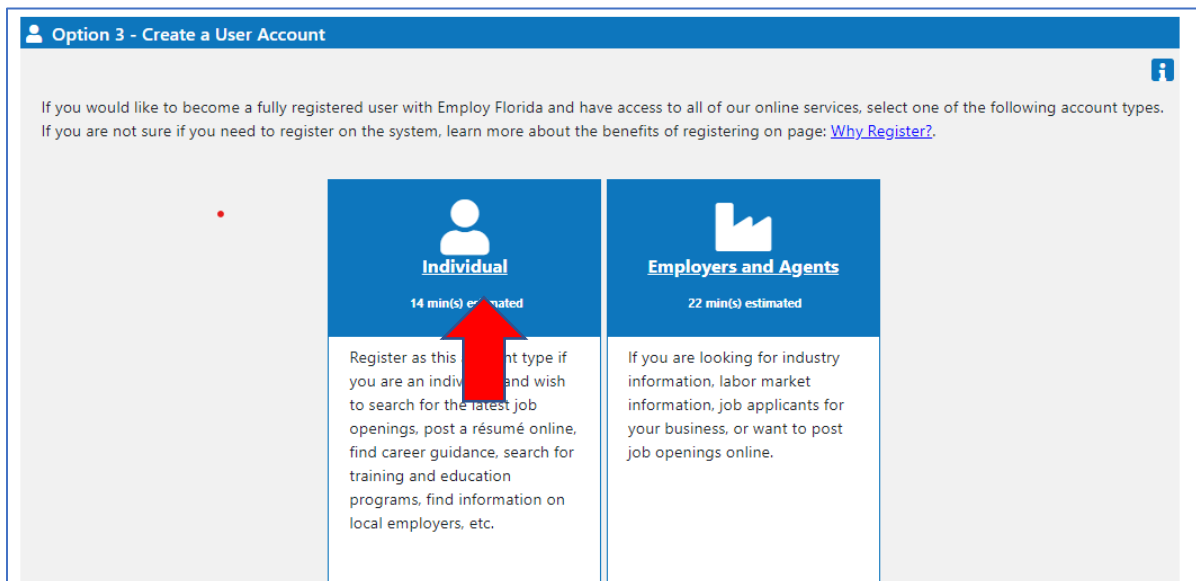
This guide is created with the goal to show the Job seeker the different screens and information requested from EmployFlorida to complete the enrollment process. The information provided will be used for job search assistance and will not be shared for different purposes than this.

This guide illustrates the different screens that the customer will find during the Sign-Up process displayed on its order.

1. On your navigation bar type www.Employflorida.com
2. Under the Username / Password boxes click on the “Not Registered? Learn How and Why” option.



3. Click on the “Individual” option located at Option 3 – Create a User Account section.



4. Click on “I have read the agreement above and understand it fully” statement and Click on the “I agree” button.

Privacy Agreement

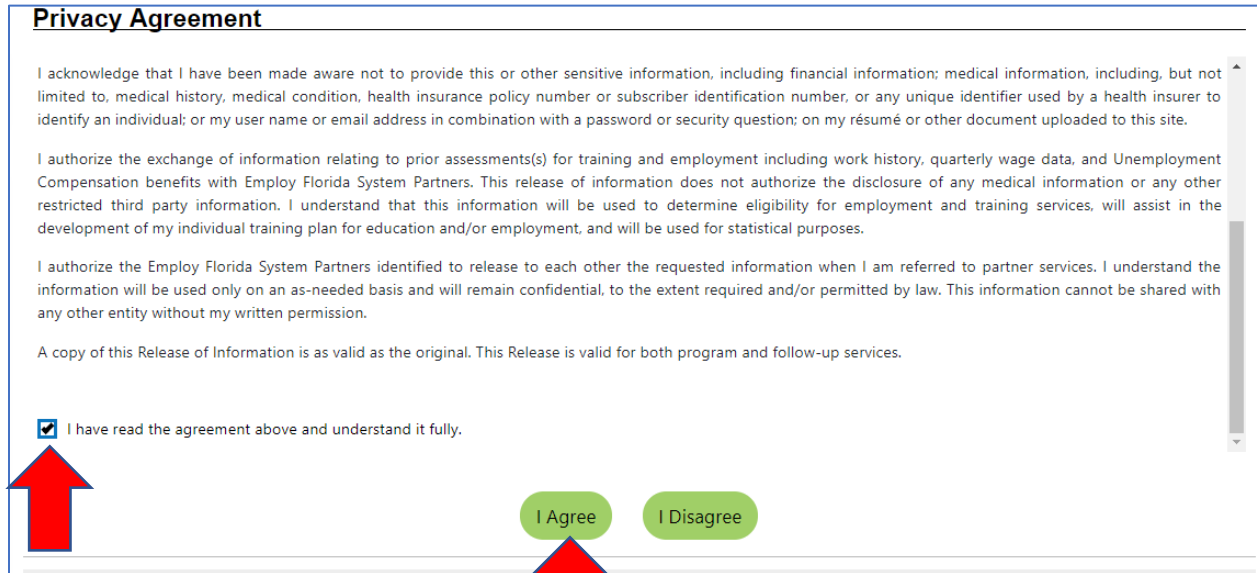
I acknowledge that I have been made aware not to provide this or other sensitive information, including financial information; medical information, including, but not limited to, medical history, medical condition, health insurance policy number or subscriber identification number, or any unique identifier used by a health insurer to identify an individual; or my user name or email address in combination with a password or security question; on my résumé or other document uploaded to this site.

I authorize the exchange of information relating to prior assessments(s) for training and employment including work history, quarterly wage data, and Unemployment Compensation benefits with Employ Florida System Partners. This release of information does not authorize the disclosure of any medical information or any other restricted third party information. I understand that this information will be used to determine eligibility for employment and training services, will assist in the development of my individual training plan for education and/or employment, and will be used for statistical purposes.

I authorize the Employ Florida System Partners identified to release to each other the requested information when I am referred to partner services. I understand the information will be used only on an as-needed basis and will remain confidential, to the extent required and/or permitted by law. This information cannot be shared with any other entity without my written permission.

A copy of this Release of Information is as valid as the original. This Release is valid for both program and follow-up services.

I have read the agreement above and understand it fully.



5. On the Login Information:


- 5.1 Type your selected **User Name**. The user name should be between 3 to 20 characters. You are able to use letters or numbers. Allowable characters are + @ . _
- 5.2 Enter a **Password**. Password length must be 8 to 20 characters: it must include at least one uppercase letter, one lowercase letter, one number and one special character (# @ \$ % ^ . ! * _ +).
- 5.3 Re-enter your selected **Password**.
- 5.4 Select your **Security Question**
- 5.5 Type your **Security Question Response**. Keep record of this information for future use.


Login Information

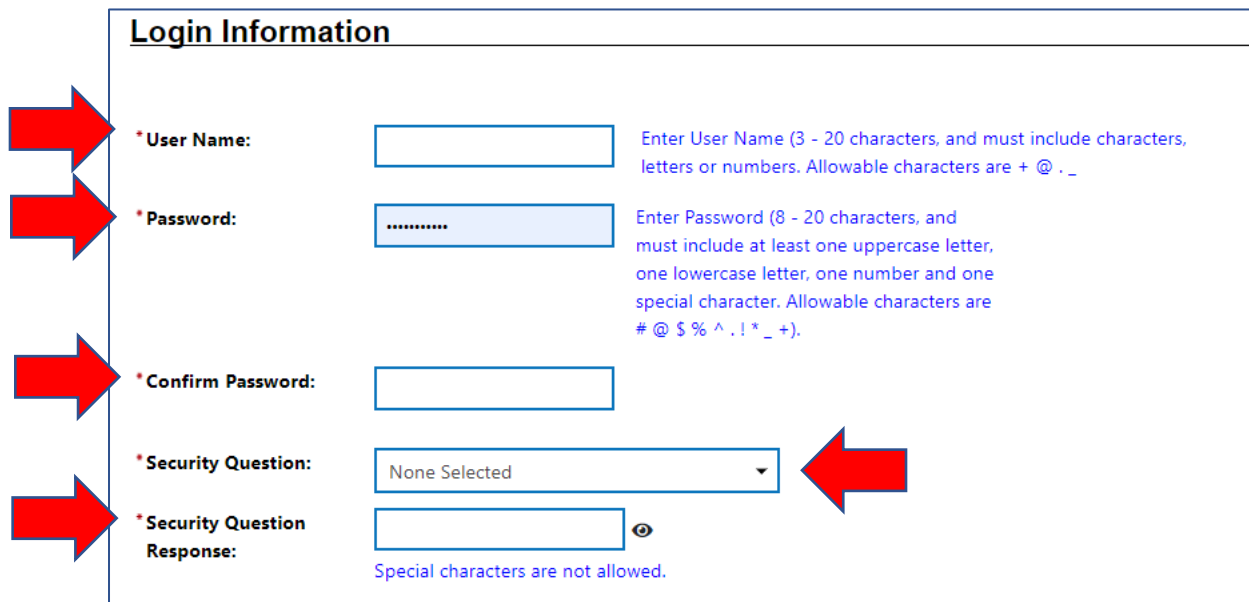
* **User Name:** Enter User Name (3 - 20 characters, and must include characters, letters or numbers. Allowable characters are + @ . _

* **Password:** Enter Password (8 - 20 characters, and must include at least one uppercase letter, one lowercase letter, one number and one special character. Allowable characters are # @ \$ % ^ . ! * _ +).

* **Confirm Password:**

* **Security Question:** 

* **Security Question Response:**  Special characters are not allowed.

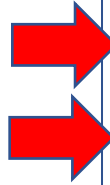


6. On the Social Security Number section:
 - 6.1. Enter your **Social Security Number** without dashes or spaces
 - 6.2. Re-enter your **Social Security Number**

Social Security Number


*** Social Security Number (SSN):** Do not enter dashes (for example, 999001111)


*** Re-enter Social Security Number:**




7. On the Primary Location Information:
 - 7.1. Select on **Country** pop up menu “United States” option (Default selection).
 - 7.2. Enter your 5 digits **Zip Code**
 - 7.3. Select the option for “Are you are authorized to work in the United States” question.

Primary Location Information


*** Country:** 

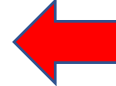
*** Please enter your zip code:** [Find zip code](#) 

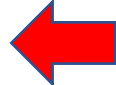
*** Are you are authorized to work in the United States?** Yes No 

8. On the E-mail Address selection:
 - 8.1. Type your **Primary E-mail** address
 - 8.2. Confirm your **Primary E-mail** address
 - 8.3. If you have a **Secondary E-mail** type it an confirm it

E-mail Address

Primary E-mail: 
[Create E-mail Account](#)
[Read Our E-mail Security Policy](#)


Confirm Primary E-mail Address: 

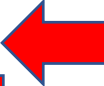
Secondary E-mail: 

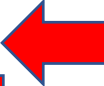
Confirm Secondary E-mail Address:

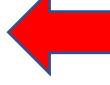
9. On the Demographic Information section:
 - 9.1. Enter your **Date of Birth**. (Month/Day/Year). Use MM/DD/YYYY format
 - 9.2. Age information will be calculated automatically
 - 9.3. Select **Gender** Option. (Female, Male or I do not wish to answer option available)
 - 9.4. Select the Option for **Selective Service** (if questions click on the Selective Services web link)
 - 9.5. Select the option for “**Have you been arrested/convicted of a crime option**” This answer will allow you to participate on support services and programs)
 - 9.6. Type the **Code** displayed on screen and then click on Next button


Demographic Information

* Date of Birth: (MM/DD/YYYY) 



Age: 


* Gender: Female Male I do not wish to answer. 

* Have you registered with the Selective Service? 
[\[Selective Services web site \]](#)


* Have you been arrested / convicted of a crime? Yes No I do not wish to answer. 
(Please Note: You may be eligible for additional support services and programs.)

The Field Below is Case Sensitive


[Generate New Image](#)
[Get Audio Code](#) 




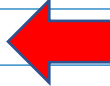
Type the code from the image

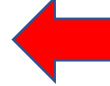


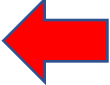
10. On the Name section
 - 10.1. Enter your **First Name**
 - 10.2. Enter your **Middle Initial**
 - 10.3. Enter your **Last Name**
 - 10.4. Click on Next button to continue

Name

* First Name: 

Middle Initial: 

* Last Name: 



11. On Residential Address section

- 11.1. Enter **Address** (number, street, apartment number, if need additional space, please, use address line 2)
- 11.2. Enter **Zip Code** (automatically entered)
- 11.3. Enter **City** (automatically entered)
- 11.4. Enter **State** (automatically entered)
- 11.5. Enter **Country** (automatically entered)

Residential Address

This is where you live.

* Address Line 1 :

Address Line 2:

Apt #, Lot #, Building #, Suite #

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

* City:

* State:

* Country:

The screenshot shows a form titled "Residential Address" with the sub-header "This is where you live." It contains several input fields: "Address Line 1", "Address Line 2", "Zip Code" (with a "Find zip code" link), "City", "State" (a dropdown menu), and "Country" (a dropdown menu). The fields are pre-filled with "33325", "Fort Lauderdale", "Florida", and "United States". Red arrows point to each of these fields.

12. On Mailing Address

- 12.1. Click on **Use residential address** to use the address provided to receive any correspondence.
- 12.2. If you want to receive your correspondence on a different address type it on designated fields.
- 12.3. Click on next to continue

Mailing Address

This is where you receive your mail.

Use residential address

* Address Line 1 :

Address Line 2:

Apt #, Lot #, Building #, Suite #

* Zip Code:

* City:

* State:

* Country:

<< Back Next >>

Return to Home


The screenshot shows a form titled "Mailing Address" with the sub-header "This is where you receive your mail." It starts with a checkbox labeled "Use residential address". Below it are the same address fields as in the previous form: "Address Line 1", "Address Line 2", "Zip Code", "City", "State", and "Country". At the bottom, there are three buttons: "<< Back", "Next >>", and "Return to Home". Red arrows point to the checkbox, the address fields, and the "Next >>" button.


13. On Phone Number section


- 13.1. Enter your **Primary phone**
- 13.2. Selected your **Primary Phone Type** from pop-up menu
- 13.3. Enter your **Alternate Phone number** if have it


- 13.4. Select your [Alternate Phone Type](#) from pop up menu
- 13.5. Enter the [Text Message Cell Phone Number](#) to receive text.
- 13.6. Enter your [Fax](#) number if applicable.
- 13.7. Click on Next Button


Phone Numbers


* Primary Phone: - - Ext: 

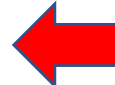
* Primary Phone Type: 

Alternate Phone: - - Ext: 

Alternate Phone Type: 


Text Message Cell Phone Number: - - 

Fax: - - 



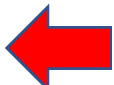
- 14. On Preferred Notification Method Section choose a [Method](#) in which you prefer to receive your notifications from pop-up menu.

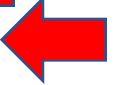
Preferred Notification Method


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

- 15. On the Site Access section:
 - 15.1. Select "[From where you are accessing this website](#)" option from pop up menu
 - 15.2. Select "[How did you hear about this website](#)" from pop-up menu.
 - 15.3. Click on Next button to continue

Site Access

* From where are you accessing this website? 

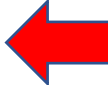
How did you hear about this website? 



- 16. On the Citizenship section, select the option that applies for your citizenship status
 - 16.1. If you are Citizen of US or US Territory select it and continue to next section

16.2.If you are US Permanent Resident or Alien/Refugee Lawfully Admitted to U.S., select it and type your Alien/USCIS number and USCIS expiration date on the designated spaces

Citizenship

* Citizenship: 

17. On the Disability section


17.1.Select if you wish to disclose a disability option

17.2.Click on Next button

Disability

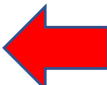
Providing this information is optional and refusal to provide disability information will not subject you to any adverse treatment. Information regarding your disability accordance with the law. Please note that for some programs, the information is needed to determine eligibility. Note too that you may be eligible for additional support.

* Do you wish to disclose a disability?

Yes, I have a disability I wish to disclose. 

No, I do not have a disability.

I do not wish to answer.



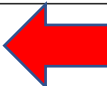
18. On Education Information

18.1.Select your Highest Education Level Achieved from pop-up menu

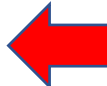
18.2.Select if you are attending school from pop up menu


18.3.Click on Next to move to next section

Education Information

* Your Highest Education Level Achieved: 

If you have a High School Diploma or High School Equivalency Diploma, please select the appropriate value of High School Diploma or High School Equivalency Diploma.

* Are you attending school? 



19. On Employment Information

19.1. Select your Current Employment Status from pop-up menu

19.2. Select your Type of Business worked in from pop up menu

19.3. Select your Unemployment Eligibility Status from pop up menu

19.4. If you are a Claimant provide information in regards your UI Referred by Status and if you are exempted from work search

- 19.5. Select your option if you are currently looking for work
- 19.6. Select if you have been affected by the COVID 19 Pandemic
- 19.7. Select if you have any related license or certification
- 19.8. Select if you are recently relocated due to a recent major disaster from the pop-up menu
- 19.9. Select the option if 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.
- 19.10. If you selected Yes option, provide Date of Lay-off or Military Separation

Employment Information

* Current Employment Status: ←

* Type of business worked in: ←

* Unemployment Eligibility Status? ←

* Are you currently looking for work? Yes No ←

* Have you been affected by the COVID-19 Pandemic? Yes No ←

Do you have any related licenses or certifications? Yes No ←

Have you recently relocated due to a recent major disaster (e.g. hurricane)? ←

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

- 20. On the Farmworker Information section:
 - 20.1. Select if you Have worked as a farmworker in the last 12 months
 - 20.2. If you respond that you worked as farmworker then indicate if you worked temporary or seasonal
 - 20.3. If you worked seasonal indicate if you travel and are not able to return to your residence
 - 20.4. Select if you are a full-time student
 - 20.5. If you are a full-time student indicate if you travel with your family
 - 20.6. Indicate If you are traveling with an organized group
 - 20.7. Click on Next to continue to next section.

Farmworker 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

* Have you worked as a farmworker in the last 12 months? Yes No ←


←

- 21. On the Job Title Section Type the Title of your Desired job title.

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.](#)

22. On the Job Occupation section


- 22.1. Choose your [Suggested occupation](#) from Pop Up
- 22.2. If your occupation is not listed, select the [Search for an occupation](#) option and type a keyword to find it
- 22.3. Once your occupation had been selected Click on Next button

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

Suggested occupation(s):
 
[\[Search for an occupation \]](#)


*Occupation Title:
 *Occupation Code:


<< Back Next >> 
 Return to Home

23. On Ethnic Origin Section

- 23.1. Select if you are [Haitian heritage](#) response
- 23.2. Select if you are [Hispanic or Latino heritage](#) response
- 23.3. Select your [race](#) from list.


Ethnic Origin

Are you of Haitian heritage? Yes No I do not wish to answer. 

* 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.



24. On Language section

- 24.1. Select if you have limited proficiency in speaking, writing, reading or understanding English [option](#)
- 24.2. Click on Next button

Language

Do you have limited proficiency in speaking, writing, reading, or understanding English?
or
Do you have difficulty in speaking, writing, reading, or understanding English?

Yes No

<< Back Next >>

Return to Home

25. On the Military Service Section

- 25.1. Select if you are currently in the military, a veteran or the spouse of a veteran
- 25.2. Select if you are a caregiver who is spouse of a family member of a member of the armed forces who is wounded, ill or injured and receiving treatment in military facility or warrior transition unit
- 25.3. Select if you are member of the armed forces who is wounded, ill, or injured and receiving treatment in a military facility or warrior transition unit.
- 25.4. Select I you are spouse of someone in the active -duty military service, National Guard or Reserves who is currently activated.
- 25.5. Select if you are current member of the Florida National Guard.
- 25.6. Click on Finish if you completed Military Service section

Military Service

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

* Are you currently in the military, a veteran or the spouse of a veteran? Yes No

* 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 the Spouse 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 Florida National Guard? Yes No

<< Back Finish

Return to Home

26. Additional Questions Veterans

- 26.1. Select if you are within 24 months of retirement or 12 months of discharge from the military (Transitioning Member).
- 26.2. Select if you have served on active duty in the armed forces and was discharged or released from service under conditions other than dishonorable.
- 26.3. Selected if you are the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability.
- 26.4. Select if you are now or have you served in the 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).
- 26.5. Click on Finish if you completed Military Service section

The screenshot shows a survey form with four questions, each with radio button options. Red arrows point to the 'No' option for each question and the 'Finish' button. The questions are:

- Question 1:** Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?
Options: Yes, No
- Question 2:** Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable?
Options: Yes, No
- Question 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?
Options: Yes, No
- Question 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)?
Options: Yes, I am serving; Yes, I have served; No, I am not serving

At the bottom right, there are two buttons: '<< Back' and 'Finish'. A red arrow points to the 'Finish' button.

27. On the Veterans Information section

- 27.1. If you are a Veteran select if you served more than 1 tour of duty.
- 27.2. Provide Military Service Begin date.
- 27.3. Provide Ending Military Service End Date.
- 27.4. If you served more than 1 period provided the different dates
- 27.5. Indicate if Did you served in the Republic of Vietnam anytime during 02/28/1961 an 05/07/1975
- 27.6. Select the Branch of Service from pop-up menu
- 27.7. Select your Most Recent Character of Service Received from pop-up menu
- 27.8. Select your Specialty Code from the pop-up list.
- 27.9. Select if you Received a Military Campaign Badge.

Veteran Information

Please enter the information below about your military service.

Did you serve more than 1 tour of duty? Yes No

Military Service Begin Date: (mm/dd/yyyy)

Military Service End Date: (mm/dd/yyyy)

* Did you serve in the Republic of Vietnam anytime during 2/28/1961 and 05/07/1975?: Yes No

Branch of Service: None Selected

Most Recent Character of Service Received: None Selected

Military Specialty Code: Choose Specialty Code

Received a Military Campaign Badge: Yes No

[\[Combat Veteran Web Site\]](#)

28. Veterans Section part 2

- 28.1. Select if you are active in the military reserves
- 28.2. Select if you are a Disabled Veteran from the pop-up menu
- 28.3. Enter your Disability Percentage
- 28.4. Indicate if you are a Homeless Veteran.
- 28.5. Indicate if had been Referred by Veterans Vocational Rehabilitation (Chapter 31).
- 28.6. Indicate if you are currently incarcerated or have been released from incarceration
- 28.7. Indicate if within the last 12 months have you been unemployed for 27 weeks or more
- 28.8. Indicate if you Meet Vietnam-Era designation.
- 28.9. Indicate if you are Recently Separated from military service (within 3 years) (automatically selected)

Active in the military reserves: Yes, I am active in the military reserves No, I am not active in the military reserves Not Specified

Disabled Veteran: None Selected

Disability Percentage: None Selected

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 disclose

Within the last 12 months, have you been unemployed for 27 or more weeks? Yes No Not Sure

Meet Vietnam-Era Veteran designation?: No

[\[Obtain DD214\]](#)

Recently Separated (within 3 years): No

29. Veterans Section Part 3

29.1. Select if you have attended a Transition Assistance Program (TAP) workshop within the last three years.

29.2. Click on the Finish button.

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

<< Back Finish

This screenshot shows a survey question with two radio button options: 'Yes' and 'No'. A red arrow points to the 'No' option. At the bottom right, there are two green buttons: '<< Back' and 'Finish'. A red arrow points to the 'Finish' button.

30. Veterans Section Part 4 Public Assistance

30.1. Select if your household has received Temporary Assistance for Needy Families (TANF) payments.

30.2. Select if you have been determined eligible for or received Supplemental Nutrition Assistance Program assistance (SNAP formerly known as Food Stamps)

30.3. Select if you have received General Assistance Payments

30.4. Select if you have received Refugee Cash Assistance Payments

30.5. Select if you have been supported through the State's Foster Care System

30.6. (Optional) Select if you do not wish to provide household information.

30.7. Provide Number of individuals living your household.

30.8. Provide Total income earned within the last 6 months

30.9. Click on Finish Button

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 Nutrition Assistance Program 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

I do not wish to provide household information

* Number of individuals living in your household

* Total income earned within the last 6 months \$

<< Back Finish

This screenshot shows the 'Public Assistance' section of a survey. It contains several questions with radio button options. Red arrows point to the 'No' option for each of the five questions. Below these is an unchecked checkbox for 'I do not wish to provide household information'. Then there are two questions with input fields: 'Number of individuals living in your household' (with a dropdown menu showing '1') and 'Total income earned within the last 6 months' (with a text box showing '\$ 0.00'). At the bottom right, there are two green buttons: '<< Back' and 'Finish'. A red arrow points to the 'Finish' button.