

San Diego Workforce Partnership
USER'S OATH OF CONFIDENTIALITY
CalJOBS Staff Account Request Form

I recognize CalJOBS is a government electronic database is the property of the California Employment Development Department (EDD) and may only be accessed by authorized users. Unauthorized access, use, disruption, modification, or destruction of CalJOBS is strictly prohibited and may be subject to criminal prosecution and/or adverse action.

The EDD may monitor any activity or communications on the system and retrieve any information stored within the system. By accessing and using CalJOBS, I am consenting to such monitoring and information retrieval for law enforcement and other purposes. Users should have no expectation of privacy as to any communication on or information created, maintained and stored within the CalJOBS, including information stored centrally, locally on a disk drive, or on removable electronic storage media. The penalties for unauthorized access or use may include criminal and/or civil actions under the California Information Privacy Act §1798.53 and Penal Code §502.

With regards to the use of CalJOBS, I, the undersigned, hereby agree not to divulge any information concerning any Workforce Innovation and Opportunity Act (WIOA), Wagner-Peyser (WPA), Trade Adjustment Assistance (TAA), or Generic Programs customer without proper authorization. The penalties for unauthorized access, use, modification, or disclosure may include any or all of the following:

- Salary reduction and/or demotion
- Loss of employment
- Criminal action
- Civil action

I agree to protect confidential information by:

- Accessing or modify information only for the purpose of performing official duties.
- Never accessing information for curiosity of personal reasons.
- Never showing or discussing confidential information to anyone without proper authorization.
- Never removing confidential information from your workstation without authorization.

I understand that my Username and Password are *not to be used or shared with anyone else.*

My signature confirms that I have read, understand and agree to the confidentiality requirements above.

Executed this _____ day of _____, _____.

STAFF NAME: _____ USER SIGNATURE: _____

New Program Staff account

New Referral Partner account

Reset password

Modify Account

: cf'New Accounts/Information Updates]bWi XY.

TITLE: _____ OFFICE LOCATION: _____

PHONE: (_____) EMAIL: _____

SUPERVISOR
NAME: _____

SUPERVISOR
SIGNATURE: _____

DATE ENTERED: _____ ÜÖY ÚÁÛæ: _____