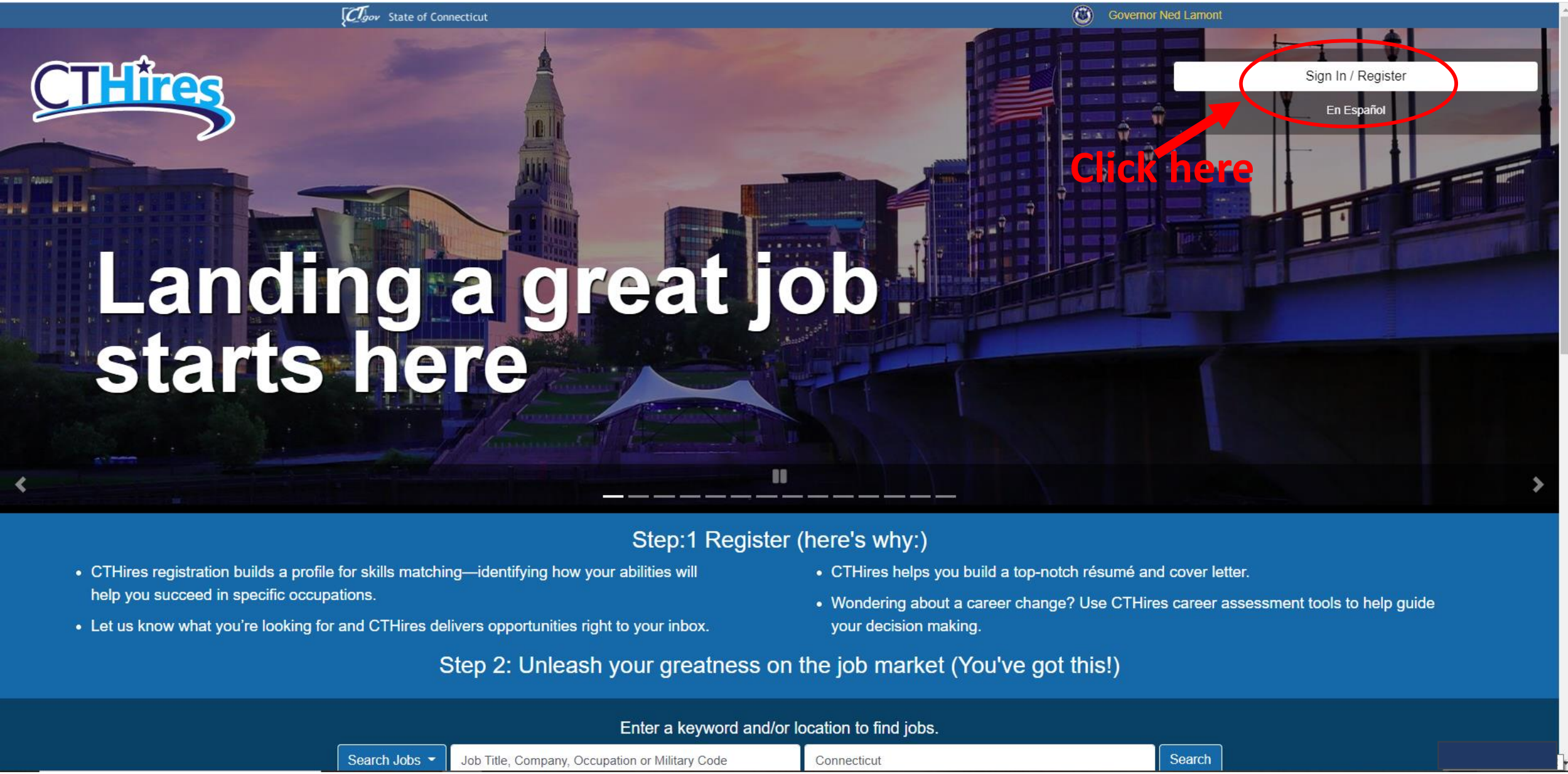
How to create a CTHires account



If you have not previously registered, please click one of the links under *Create a User Account* to create a new User ID. To view CTHires with limited access, click the *Guest Access* link. In the Already Registered section, the username and password are required for login.

For help click the information icon next to each section.

Option 1 - Already Registered

User Name:

Password:

I'm not a robot

reCAPTCHA
Privacy - Terms

Sign In

Scroll Down!!

If you have forgotten your user name and/or password, please click Retrieve User Name or Password.

Option 2 - Try Us Out

If you would like to view CTHires as a visitor to see what services are available, please click *Guest Access*.

English Español

Option 3 - Create a User Account

If you would like to become a fully registered user with CTHires and have access to all of our online services, select one of the following account types. If you are not sure if you need to register on the system, learn more about the benefits of registering on page: Why Register?.

https://www.cthires.com/vosnet/loginintro.aspx?plang=E

English Español

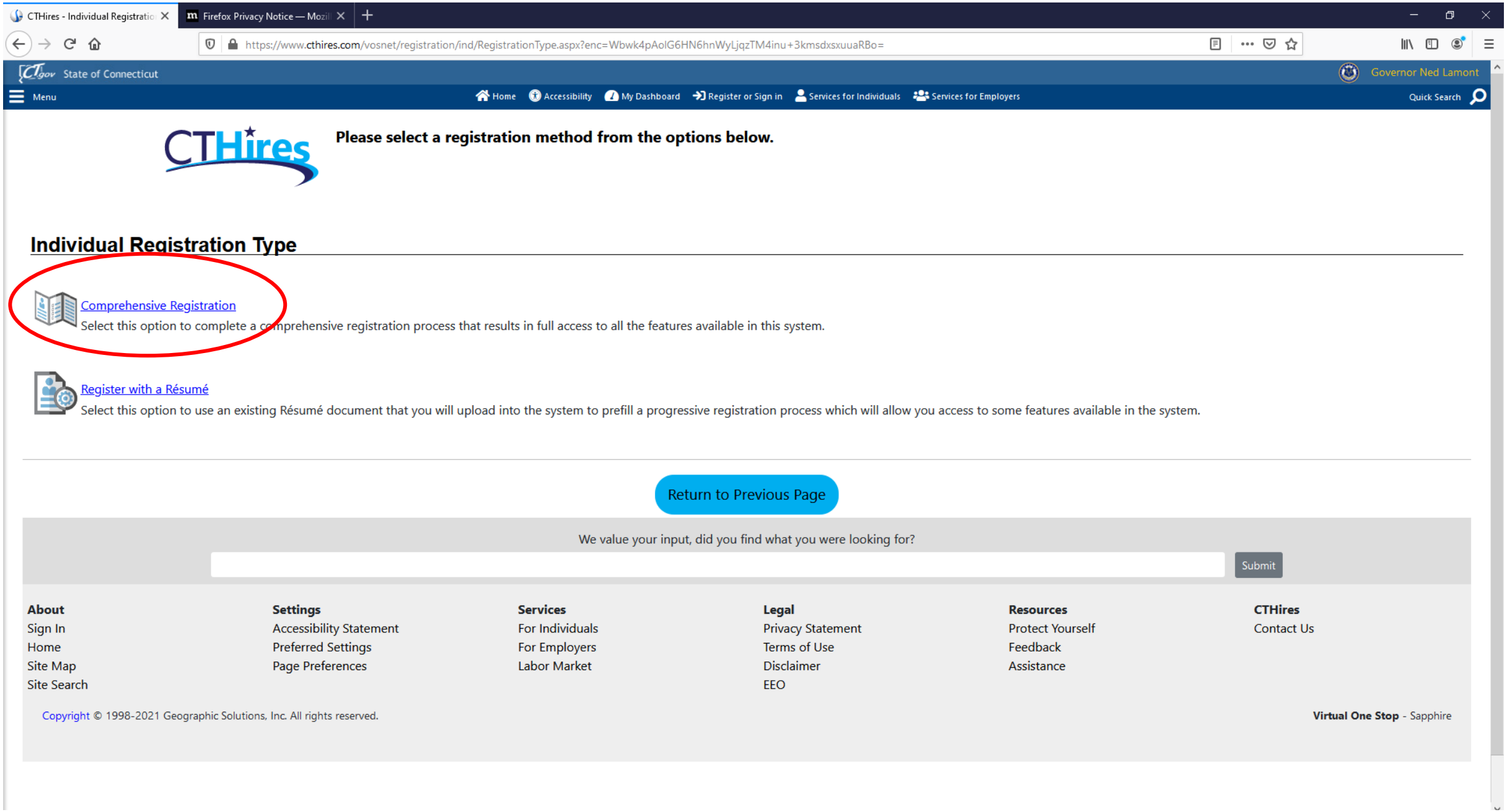
Option 3 - Create a User Account

If you would like to become a fully registered user with CTHires and have access to all of our online services, select one of the following account types. If you are not sure if you need to register on the system, learn more about the benefits of registering on page: Why Register?.

Individual	Employers and Agents	Provider
15 min(s) estimated	13 min(s) estimated	10 min(s) estimated
Register as this account type if you are an individual and wish to search for the latest job openings, post a résumé online, find career guidance, search for training and education programs, find information on local employers, etc.	Register as this account type on behalf of your company or on behalf of another company acting as their agent with a valid Power of Attorney. Here you will gain access to industry data, labor market information, job applicants for you business. You can also post job openings online, as well as file for the Work Opportunity Tax Credit (WOTC).	Register as this account type if you are a training provider who wishes to enter or update your available courses for use in the system. Once a new account request is approved, you will be able to enter information about your courses, such as costs, schedules, credentials, etc. Providers can also request WIOA approval for specific courses.

WOTC Out of State Staff - Staff from states other than Connecticut can use this account to create a request for Connecticut information needed to verify WOTC applications in their own state. This account will only have access to create and view these requests.

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CTHires - Individual Registratio
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https://www.cthires.com/vosnet/registration/ind/RegistrationType.aspx?enc=Wbwk4pAolG6HN6hnWyLjqzTM4inu+3kmsdxsxuuaRBo=
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Please select a registration method from the options below.
Individual Registration Type
Comprehensive Registration
Select this option to complete a comprehensive registration process that results in full access to all the features available in this system.
Register with a Résumé
Select this option to use an existing Résumé document that you will upload into the system to prefill a progressive registration process which will allow you access to some features available in the system.
Return to Previous Page
We value your input, did you find what you were looking for?
Submit
About
Sign In
Home
Site Map
Site Search
Settings
Accessibility Statement
Preferred Settings
Page Preferences
Services
For Individuals
For Employers
Labor Market
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Terms of Use
Disclaimer
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Resources
Protect Yourself
Feedback
Assistance
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Virtual One Stop - Sapphire

Login Information

* **User Name:**

Enter User Name (8 - 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:** None Selected

* **Security Question Response:**

Special characters are not allowed.

PIN ID:

Enter a 4 digit number

Fill out everything with an asterisk *

Social Security Number

If you are filing for Unemployment Insurance (UI) benefits, you are required to provide your Social Security Number (SSN) to the CT Department of Labor per Federal Law 42 U.S.C. §1320b-7 and sections 31-222-13(d)(1) and (4) of the Regulations of Connecticut State Agencies.

If you are not filing for UI benefits, you are not required to provide your SSN. If you choose not to provide your SSN, you must make an appointment with your local American Job Center so we may accommodate your request. For a listing of American Job Centers, please visit https://www.ctdol.state.ct.us/ajc/FactSheets.htm and click on "Make an appointment".

* **Social Security Number (SSN):**

Do not enter dashes (for example, 999001111)

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

CTHires - Registration | Firefox Privacy Notice — Mozil

https://www.cthires.com/vosnet/registration/ind/default.aspx?enc=gVHgkZdEt8i2WVp9Z4ElaN/Q4zqMh9kpsgftG9GJLK8=

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Primary Location Information

*Country: United States

*Please enter your zip code: Find zip code

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

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:

You may be contacted regarding events and job openings using this email address. Your email address will not be shared with others.

Demographic Information

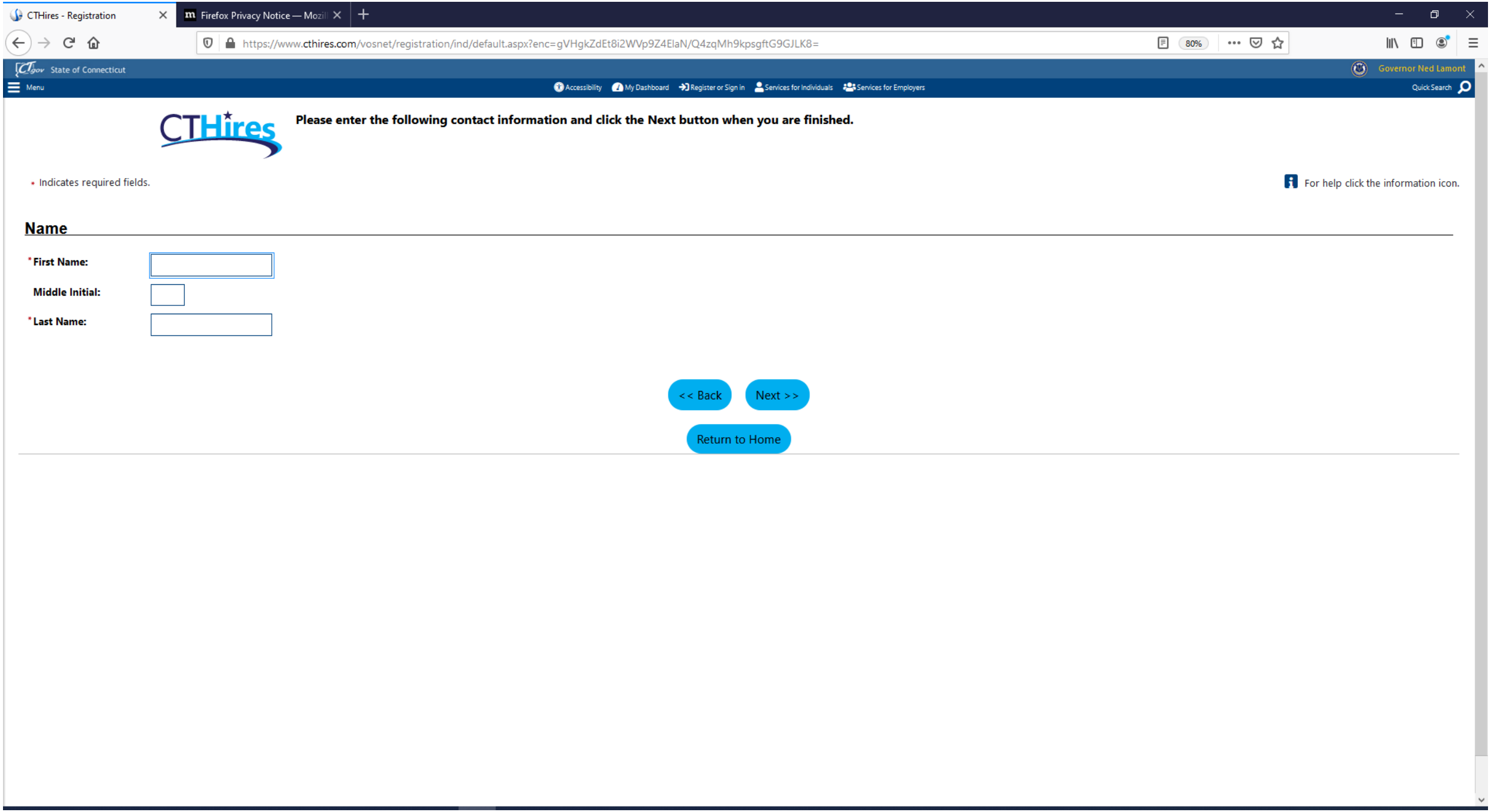
*Date of Birth: (MM/DD/YYYY)

Age:

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

*Have you registered with the Selective Service? None Selected

[Selective Services web site]


CTHires - Registration
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Please enter the following contact information and click the Next button when you are finished.
* Indicates required fields.
For help click the information icon.
Name
*First Name:
Middle Initial:
*Last Name:
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* Indicates required fields.

For help click the information icon next to each section.

Residential Address

*Are you homeless? ○ Yes ◉ No

This is where you live.

*Address Line 1 :

Address Line 2:

Apt #, Lot #, Building #, Suite #

*Zip Code: 06234 Find zip code

*City: Brooklyn

*State: Connecticut

*Country: United States

Mailing Address

This is where you receive your mail.

☐ Use residential address

*Address Line 1 :

Address Line 2:

Apt #, Lot #, Building #, Suite #

*Zip Code: 06234

*City: Brooklyn

*State: Connecticut

*Country: United States

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Please enter the following information below and click the Next button when you are finished.

* Indicates required fields.

For help click the information icon next to each section.

Phone Numbers

*Primary Phone: ( ) - ( ) - ( ) Ext: ( ) !

*Primary Phone Type: None Selected

Alternate Phone: ( ) - ( ) - ( ) Ext: ( )

Alternate Phone Type: None Selected

Text Message Cell Phone Number: ( ) - ( ) - ( )

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* Indicates required fields.

For help click the information icon next to each section.

Preferred Notification Method

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

None Selected

- None Selected
- Internal Message
- Email
- Text Message (If Available)
- Text Message Notification (If Available)
- Internal Message with Email Notification

Site Access

***From where are you accessing this website?**

None Selected

How did you hear about this website?

None Selected

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CTHires

Please enter the following information and click the Next button when you are finished.

* Indicates required fields.

For help click the information icon next to each section.

Citizenship

***Citizenship:** None Selected

Disability

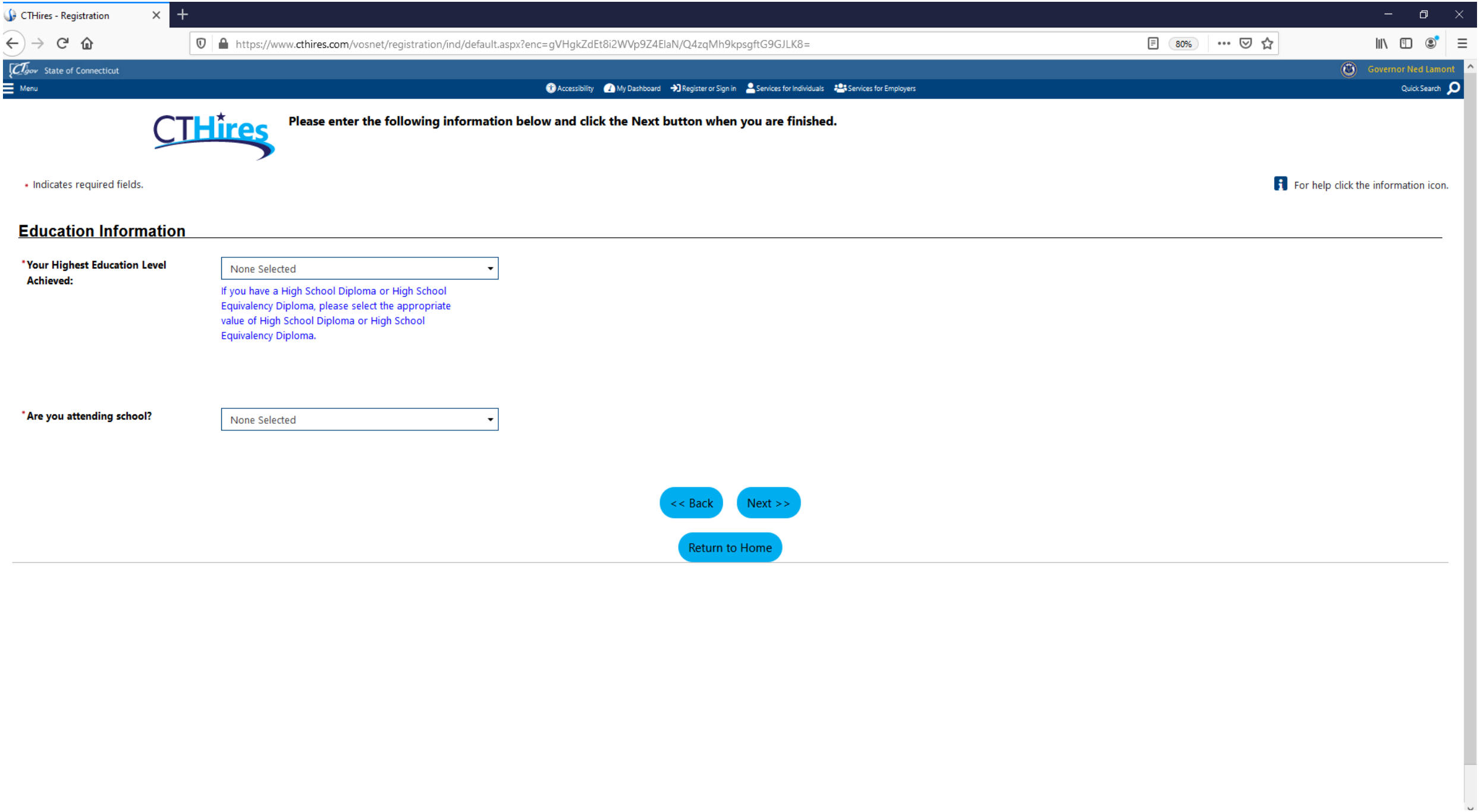
Providing this information is optional and refusal to provide disability information will not subject you to any adverse treatment. Information regarding your disability status will be kept confidential as provided by law and will be used only in accordance with the law. Please note that for some programs, the information is needed to determine eligibility. Note too that you may be eligible for additional support services and programs if you have a disability.

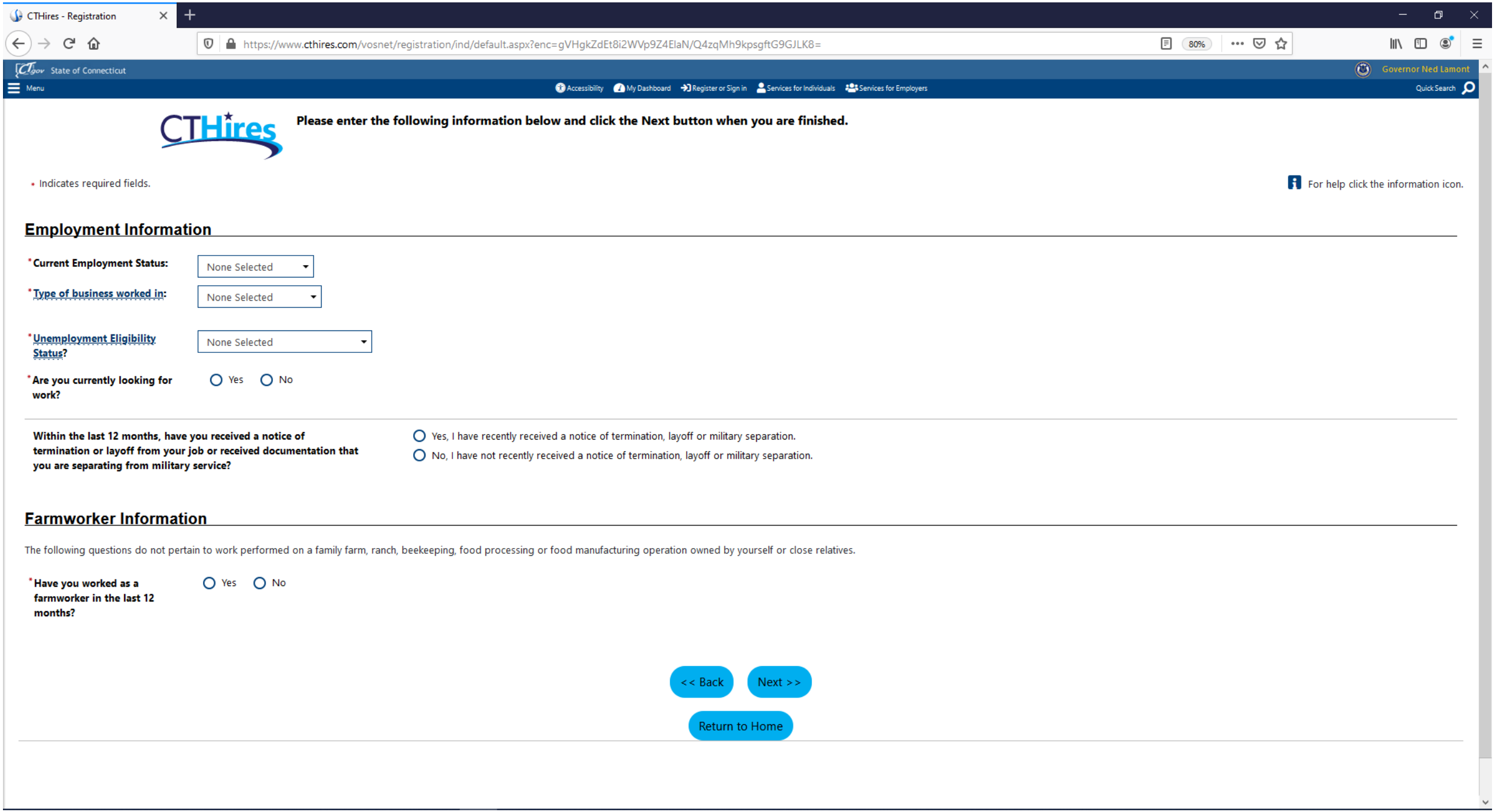
***Do you wish to disclose a disability?**

- ○ Yes, I have a disability I wish to disclose.
- ○ No, I do not have a disability.
- ○ I do not wish to answer.

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Please enter the following information below and click the Next button when you are finished.
* Indicates required fields.
For help click the information icon.
Education Information
*Your Highest Education Level Achieved:
None Selected
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?
None Selected
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* Indicates required fields.
For help click the information icon.
Employment Information
*Current Employment Status:
None Selected
*Type of business worked in:
None Selected
*Unemployment Eligibility Status?
None Selected
*Are you currently looking for work?
Yes
No
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.
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 or close relatives.
*Have you worked as a farmworker in the last 12 months?
Yes
No
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Close

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Please enter the following information below and click the Next button when you are finished.

* Indicates required fields.

For help click the information icon.

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.

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 you can search for an occupation using the search link.

Suggested occupation(s):

None Selected

[Search for an occupation]

Occupation Title:

Occupation Code:

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CTHires

Please enter the following information below and click the Next button when you are finished.

* Indicates required fields.

For help click the information icon.

Ethnic Origin

***Are you of Hispanic or Latino heritage?** ○ Yes ○ No ○ Information Not Provided

***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.

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

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Please enter the following information below and click the Next button when you are finished.

* Indicates required fields.

For help click the information icon.

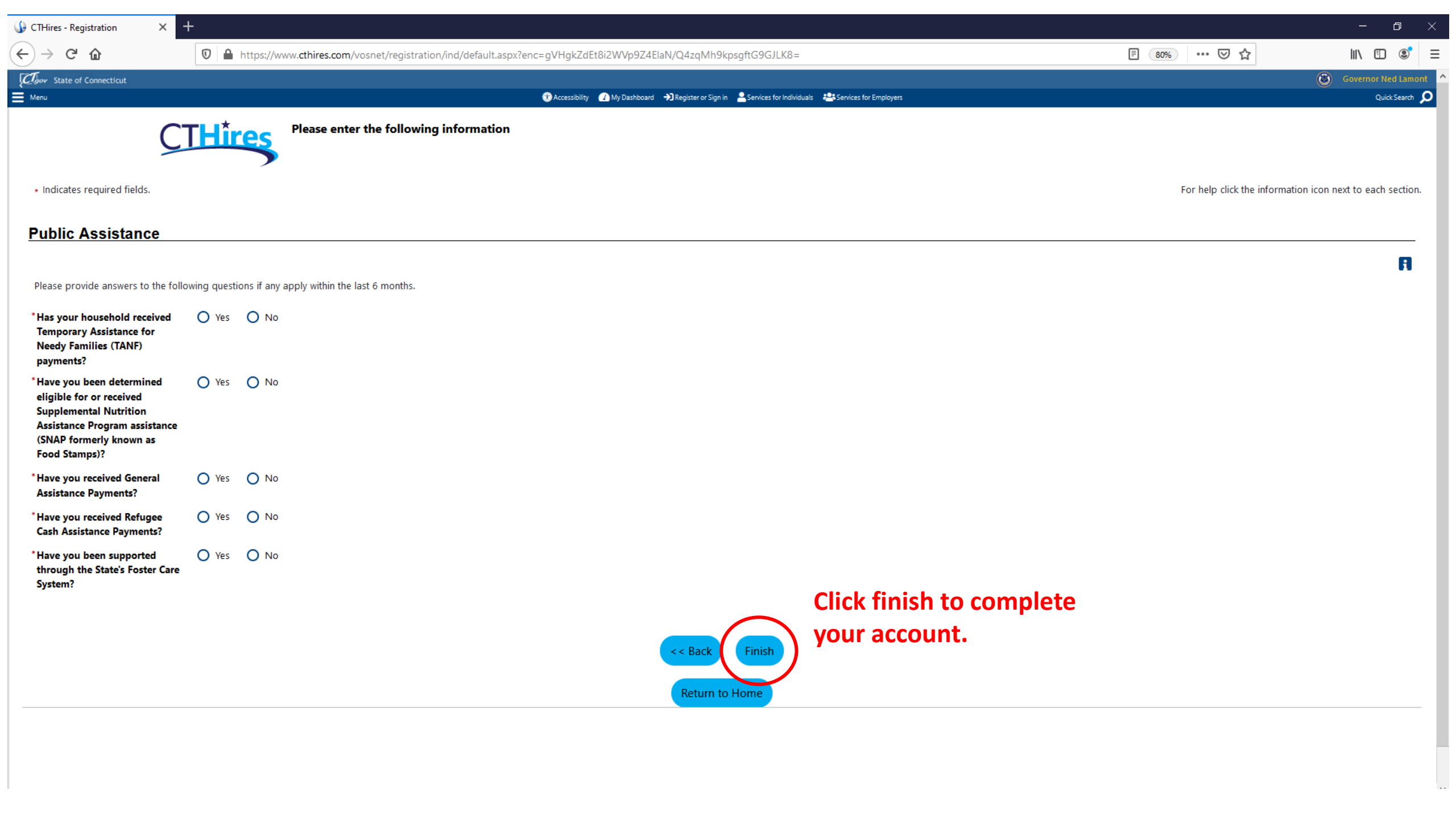
Military Service

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

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Please enter the following information
* Indicates required fields.
For help click the information icon next to each section.
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
<< Back
Finish
Return to Home
Click finish to complete your account.

CTHires - What's Next?

https://www.cthires.com/vosnet/Registration/Ind/WhatsNext.aspx?enc=3Gd4octKcnV8hMVo5V49DljTq9K4mZYvd8SRmSku/PA=

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CTHires

Please review the options available to you below to continue.

You now have access to your CTHires account!

What would you like to do next?

Job Search
This option will view current job listings in your area that match your interests and experience.

Résumé Builder
This option will take you through the steps of creating a professional résumé or job application. Résumés can be placed online making them available to the top employers in your area.

WIOA Pre-Application
Fill out a WIOA pre-application to find out if you are eligible for services provided under the Workforce Innovation and Opportunity Act.

Other Resources Available

You may wish to look at other resources available on this site by clicking one of the links below.

Career Services | Job Seeker Services | Education Services | Assistance Center

We value your input, did you find what you were looking for?

Submit

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Page Preferences

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For Individuals
For Employers
Labor Market

Legal
Privacy Statement
Terms of Use
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