Date: September 14, 2015

Attn: UCLA Guardian Scholars Foster Youth

Subject: Fall Employment Opportunity through AltaMed

AltaMed is currently searching for UFC youth ages 14-21 to fill their 11 open paid internships slots. You will learn professional soft skills; get 20 hours of training, hands on experience and much more! This internship opportunity will be from September to the end of December 2015. Don’t miss out and apply right now!

Details:

- 20 hours of job training
- 120 paid hours @ $9/hour
- Transportation assistance (TAP Card)
- Professional dress attire support service
- High Employment Opportunities for the following zip codes: 90022, 90040, 90063, 90023 (East LA, City of Commerce)

Requirements:

- L.A. County Resident & Foster Youth
- 14-21 years of age
- Have the right to work in the U.S.
- Must have a work permit, if under 18
- Attend an orientation at AltaMed Office (512 S. Indiana St. Los Angeles, CA 90063)
- 2-Way communication with AltaMed Coordinator Ruben Macias

After you apply, you will need:

- Photo ID (CA or school ID)
- DCFS letter with date of birth, foster youth status, & address where you live
- Social Security Card
- A work permit from your school district if you are under 18

How to Apply:

1. Fill out the AltaMed Application
2. Email and/or fax AltaMed Case Manager - Ruben Macias

Ruben Macias | Case Manager 1
Workforce Development Department

AltaMed Human Resources
512 S. Indiana St.
Los Angeles, CA 90063
Tel: (323) 307-0115 | Mobile: (323) 806-4853 | Fax: (323) 307-0161
rumacias@la.altamed.org
Confidential: All information provided will be kept in strict confidence, and will be used only by Escalera staff for program purposes.

Name ___________________________ ___________________________ ___________________________

Last       First       Middle

Mailing Address ________________________________________________________________

Number & Street

City ___________________________ State ___________________________ Zip

Phone Number (___) ___________________________ (___) ___________________________ E-Mail ___________________________________________

(Home)                                     (Student’s Cell)

When is the best time to reach you? ___________________________________________

Birthplace ___________________________________________ Date of Birth (MM/DD/YY) ___________________________

Age ___________________________

If you were born outside the U.S:
How many years have you been living in the U.S? : ___________________________

How many years have you been living in California? : ___________________________

Have you ever been convicted of a misdemeanor or felony?  □ Yes  □ No
If yes, please explain __________________________________________________________

Mother/Guardian Name __________________________________________________________

Father/Guardian Name ___________________________ Last       First       Date Of Birth

Marital Status:  □ Single    □ Separated    □ Married    □ Widowed

Parent’s Phone Number (___) ___________________________ (Day/Work) (___) ___________________________ (Evening Phone) (___) ___________________________ (Cell/Voicemail)

What is the best time to reach them? ___________________________________________

Do you live with both your parents:  Yes  No  If no, specify which one you do live with: ___________________________

Language spoken at home:  □ English    □ Spanish    □ English/ Spanish    □ Other ___________________________
Ethnicity

(Select up to three):

☐ Chinese  ☐ Black-African American  ☐ Other
☐ Filipino  ☐ Latino/Hispanic- Central American
☐ Pacific Islander  ☐ Latino/Hispanic- Mexican
☐ Japanese  ☐ Latino/Hispanic- South American
☐ Korean  ☐ American Indian/Alaskan Native
☐ Laotian  ☐ White
☐ Vietnamese

Do you currently have Health Insurance Coverage?  ☐ YES  ☐ NO

If yes, please provide the following information:

**Medical Information** — This information is only for our record and is asked for in case of a medical emergency.

Insurance Provider: ____________________________
Policy #: ____________________________ Expiration Date: ____________________________
Physician: ____________________________
Address: ____________________________
Telephone: ____________________________

Do you have any medical conditions?  Yes  No
If yes, explain:

__________________________________________________________________________

__________________________________________________________________________

Do you have any allergies?  Yes  No
If yes, explain:

__________________________________________________________________________

__________________________________________________________________________

Do you have any medical disabilities (physical or mental) that would prevent you from participating in the NCLR Escalera Program?  Yes  No
If yes, explain:

__________________________________________________________________________

__________________________________________________________________________

Academic Information

High School __________  Circle Current Grade Level:  9  10  11  12
Graduated: Yes ____ No ____

Application Reviewed by: ____________________________
Print First and Last Name

__________________________
Date