Angel Jane D. Dino

41 Matipid Brgy. Sikatuna Village QC 1101 Philippines

Cell Phone number: 09361958375

E-mail address: dinoangeljane@gmail.com



OBJECTIVES:

To learn more knowledge and skills in order to prepare for my intended future career path.

PERSONAL INFORMATION:

BIRTHDATE

: January 24, 2005

BIRTH PLACE

: Pasig, Metro Manila

AGE

: 18

SEX

: Female : Filipino

CITIZENSHIP HEIGHT

: 5'2"

: 50 kg

WEIGHT **STATUS**

: Single

RELIGION

: Roman Catholic

LANGUAGE SPOKEN

: Filipino (Tagalog)

FATHER'S NAME.

: Teofisto D. Dino Jr.

MOTHER'S NAME

: Ofresela D. Dino

CONTACT NO. OF PARENTS: 09199809021

SOFT SKILLS

: EQ, Self-motivation, Communication skills, Adaptability

EDUCATIONAL ATTAINMENT:

SENIOR HIGH SCHOOL

FROM:

TO:

Quirino High School

Project 3, Quezon City

2021

2023

STRAND

Accountancy, Business, and Management (ABM)

JUNIOR HIGH SCHOOL

Manuel I Santos MNHS Sitio Lambak Brgy. San Juan, Taytay Rizal

2017

2021

ELEMENTARY SCHOOL

San Juan Elementary School Brgy. San Juan, Taytay Rizal

2011

2017

CHARACTER REFERENCE

Jonalyn Servano, Mentor - Service Desk Job (+63) 917 419 6692 Jonaleen d servano@live.com

Luisito Tolentino, College Professor (+63) 977 008 8782 Luisito.tolentino7(a)gmail.com

The information stated above is true to the best of my knowledge and belief.

Angel Jane D. Dino Immersion Applicant

Republic of the Philippines

Department of Transportation and Communications

LAND TRANSPORTATION OFFICE

East Avenue, Quezon City

168-15

	Selection parametering in commence in processing and in the commence of the co
On-the-Job Train	ning Contract
1, Angel Jane D. Dino	a student presently enrolled
at Quiring High School	pursuant to the
Memorandum Circular dated 10 January 1	975 of the Labor, hereby abide by the
following terms and conditions in connection	i with the practicum course or on-the-Job
training with the Land Transportation Office:	
1 That I shall observe all existing rea	sonable office rules and regulations of the
LTO while on training;	Soliable office rules and regulations of the
	d any compensation whatsoever while on
training;	any compensation whitesoever while on
	for any injury and/or incapacity that may
5. That the LTO shall have no hability	npound and its premises due to my fault or
negligence or fortuitous event while	le undergoing training:
	ning in the LTO in compliance with the
requirements of my course;	requirements required by the Office
	sary requirements required by the Office
before undergoing training.	
In witness hereof I have hereunto set	my signature on this day of
at	, 0.8
	Student-Trainee
Conform5e:	With my Parental Consent
Teacher-Supervisor	Parent/Guardian's Name and Address
Action by the Office	
To:	
the state of the s	desuments and soudition for Outle Joh
	documents and condition for On-the-Job
Training, your request for office training at	
Office is hereby granted subject to the final ap	proval by the Assistant Secretary.
December of the Annual value	
Recommending Approval:	
LADIE LYN G. FUDERANAN	
Administrative Officer IV	

OIC, Human Resource Development Section



Republic of the Philippines

Department of Education

National Capital Region
Schools Division of Quezon City
QUIRINO HIGH SCHOOL
Molave St., Project 3, Quezon City

WORK IMMERSION TRAINING

WAIVER

Angel Jane D Dino requested and which you have accept acknowledges that the permission granted	h on the work immersion program that of Grade 12- Confucius (ABM) has ted and confirmed. The student/trainee d by: D. Dino				
is made the condition, which he/she hereby accepts and agrees to, that the company will not assume any responsibilities whatsoever for any injury or accident which may happen to him/her within or outside the company premises, during the					
Done this day of	to April 25. April 2023 at the City of Quezon.				
My -	bulin				
Angel Sane D. Dino	Ofresela D. Dino				
Student Trainee	Parent/Guardian				
WITNESS					
School Representative	Company Representative				





Republic of the Philippines

Department of Education

National Capital Region Schools Division of Quezon City **QUIRINO HIGH SCHOOL** Molave St., Project 3, Quezon City

LIABILITY WAIVER

I am fully aware of the duties and responsibilities I will undertake through the Work Immersion Program with cooperating industry through the request of Quirino High School: I recognize the authority of my cooperating industry which I may be placed and submit myself to

all the rules and regulations that may be imposed upon myself the following duties. I renounce and waive any claim against the cooperating industry and the QUIRINO HIGH SCHOOL for any injury that I may sustain/loss that I suffer, personal/financial in the performance
of my duties / function.
Name of Student: Angel Jane D. Dino
Signature: Asymir
Date: 4/3/23
PARENTAL/GUARDIAN'S CONSENT
And I, the minor's parent and/or legal guardian, allow my son/daughter to undergo work immersion for a minimum of eighty (80) hours starting on April 11 until April 25 at Land Transportation Office (LTO) in partial fulfillment of the requirements for Senior High School.
It is understood that he/she abides by the rules and regulations that may be imposed by the Supervisor/Staff-in-Charge for his/her welfare and safety.
I fully agree to waive any responsibility on the part of Quirino High School, in case of any untoward incident that may happen to my son/daughter during the duration of the WORK IMMERSION.
Name of Parent/Legal Guardian: OFRECELA D. DIM
Date: 4/3/23
Date : (1317)

Conqueixe



Republic of the Abilipothes Department of Education

National Capita: Region Schools Division of Cuezon City QUIRINO HIGH SC 11.31. Molave St., Project 3, 15 zon City

April 4 2023

Dear Parents,

Work Impersion is a requirement for graduation as stipulated in DepEd Order No. 30 s. 2017. Hence, we request that you allow your son/daughter to activally participate in the program. In the event that any untoward incident will happen to him/her beyond the control of the school and the partner institution, the teacher and the institutions will not be held liable. Rest assured that your son/daughter will be provided with the necessary training for safety and will be given atmost care in the workplace.

The vou very much for your usual support and cooperation.

Very trul +ou.

Advise

Noted by:

Work Immersion Teacher

Recommending Approval:

HELEN P. INCENIESO
Head Teacher VI/SHS Focal Person/Chairman

Approved:

REMEDIOS P. DANAO, Ed. D.

Principal IV

PARENTS' PERMIT

of Grade 12 - Confucius will derive from the Work Immer Section Office on April 11-25, 2021. Date of Work Immersion	Jane D. Dino Full Name sion at Land Transportation Name of Partie: Institution
I/We fully understand and allow our son/ daughterto undertake the	
I/We do not allow our son/daughter to undertake the	e program because
OFRESELA D. DINO Parent's Signature over Printed Name	April 10, 2023 Date



Quirino High School

Address: Molave St., Project 3, Brgy. Duyan-Duyan, Quezon City

Telephone No.: 7744-3723/8508-7965 E-mail: quirinohighschool@gmail.com



TANGGAPAN NG PUNONG BARANGAY BARANGAY SIKATUNA VILLAGE

Lot 80 V. Luns Boad Extension, Stratuma Village Let 8to 3.433.11.36/email harangaystratumavillage 1957@gmail.com



VARIAGE BRAINGAV

ARMARELLA I. CLIRATCHO
Purinne Berangay

RAGAWIAG

Metinda S. Cruz Alexander Exodus S. Cordero Gerardo J. Mamarti Jr. Michetle P. Cruz Maurean Regina N. Lacaniale Metinda R. Gruba Resurrescion B. Sunico

MRKAELLA V. VILLASOTO SK Chairman

ZENAIDA C. ROSALES
Treasurer

JENNIFER A. AMEDO Secretary

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that MS. ANGEL JANE D. DINO, 18 years old, is residing at #41 Matipid Street, Sikatuna Village, Quezon City

This certification is being issued to the request of the aforementioned, for SCHOOL WORK IMMERSION PURPOSES.

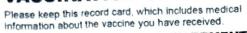
Issued this 4th of April 2023 in Barangay Sikatuna Village, Quezon City.

ANNABELLA I. CURATCHO Punong Barangay

Valid for six months from date issued.

Not valid without official seal.

VACCINATION CARD





QUEZON CITY HEALTH DEPARTMENT

DINO	Angel	U PRINCE.	DAMINE	Suffix
Last Name	First Name		Middle Name	
Date of Birth	Sex PhilHealth N	0.	Category	
Dosage Se	eq Date	Vaccine Manufa	cturer	Lot No.
1st Dosage	1/ 1 /1 2 2 1 Vaccinator Name:	P F J Z F R selyn R. Jacob, Lic#0526373	RN Signature:	X (1) 2 11
200	n 103 121	PFIZIV	<u>(b)</u>	144352
PILIPINAS	/accinator Name:		Signature:	

REMINDER: PAALALA:

Return for a second dose!
Bumalik para sa ikalawang bakuna!

Ang iyong 2nd dose ay sa:

1,203,21

Bring this vaccination record to every COVID-19 vaccination and related medical visit. Check with your healthcare provider to make sure you are not missing any doses.

For more information about COVID-19 please visit quezoncity.gov.ph/covid19_faqs/vaccine

You may report adverse reactions following the COVID-19 vaccination to 122 or your local Barangay Health Center

Dalhin ang card na ito sa takdang araw ng bakuna. Siguraduhin sa iyong health care provider na kumpleto ang iyong mga bakuna.

Para sa karagdagang impormasyon tungkol sa COVID-19 bumisita sa: quezoncity.gov.ph/covid19_faqs/vaccine

Maaaring itawag sa 122 o pumunta sa pinakamalapit na health center para sa anumang mararamdaman o reaksyon kasunod ng iyong bakuna.