

## Francesca Danica Delrosario

39 K-9th St. Brgy. West Kamias

Quezon City, Philippines

Mobile number : 09453780791

Email Address : Danicadelrosario200@gmail.com



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### PERSONAL INFORMATION

**Birthdate :** October 23, 2003

**Age:** 19 Years old

**Place of birth :** Quirino Memorial Medical centee

**Sex :** Female

**Height :** 5'4

**weight :** 48 kg

**Civil Status :** Single

**Nationality :** Filipino

**Religion :** Catholic

**Language Spoken :** Tagalog and English

**Name of Mother :** Ma. Rosario Leticia Q. Delrosario

**Occupation :** Manager

**Name of Father :** Danilo Dante L. Gallegos

**Occupation :** Manager at Hyundai

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### EDUCATION BACKGROUND

#### SENIOR HIGH SCHOOL GRADE 12

Quirino High School

Molave Project 3, Quezon City, Metro Manila

Septer 2022 to Present

#### SENIOR HIGH SCHOOL GRADE 11

Parañaque National High School

Kay Talise St. , San Dionisio, Parañaque city

2021 - 2022

#### JUNIOR HIGH SCHOOL

Quirino High School

Molave Project 3, Quezon City, Metro Manila

2017 - 2021

#### ELEMENTARY

Quirino Elementary School

Anonas St., Brgy. Quirino 2-B, Quezon City

2010-2016

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### ACHIEVEMENTS / AWARDS

Consistent Top Student ( Elementary )

Participated in Pageant, 2nd Placer ( elementary )

Top 1 in class, Grade 7

Overall best in Subjects, Grade 7

Best in Leadership Award

Achiever Award

Crafty Kid Award

Top 6 in class, Grade 8

With Honors, Grade 10

With Honors, Grade 11 ( 1st Semester )

With Honors, Grade 11 ( 2nd Semester )

Best in P.E, Grade 12

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**LEADERSHIP**

Elected as Class President ( grade 7-10 )  
Elected as Class Vice President ( Grade 11 )  
Elected as Class President ( Grade 12, 1st Semester )

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**CO-CURRICULAR  
ACTIVITIES**

ACTIVELY PARTICIPATED IN A VARIETY OF SCHOOL  
MEETINGS  
AUDITOR OFFICER OF YES-O CLUB ( 2019-2021 )  
GRADE 12 REPRESENTATIVE OF ESP CLUB ( 2022 - 2023 )

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**SKILLS**

- Good in Communication
  - Productive Worker
  - Fast learner
  - Leadership
  - Flexibility
  - Effective Time management
  - willingness to learn
  - Detail oriented mindset
  - Adaptability
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**CHARACTER REFERENCE**

Danny D. Pama  
SHS Teacher  
Quirino High School  
Mobile Number : 09952520810

Republic of the Philippines  
Department of Transportation and Communications  
**LAND TRANSPORTATION OFFICE**  
East Avenue, Quezon City

100-10  
\_\_\_\_\_  
DATE

**On-the-Job Training Contract**

I, Francesca Danica Delrosario, a student presently enrolled at Quirino High School, pursuant to the Memorandum Circular dated 10 January 1975 of the Labor, hereby abide by the following terms and conditions in connection with the practicum course or on-the-job training with the Land Transportation Office:

1. That I shall observe all existing reasonable office rules and regulations of the LTO while on training;
2. That I shall not claim nor be paid any compensation whatsoever while on training;
3. That the LTO shall have no liability for any injury and/or incapacity that may befall me while inside the LTO compound and its premises due to my fault or negligence or fortuitous event while undergoing training;
4. That I shall undergo office training in the LTO in compliance with the requirements of my course;
5. That I shall submit all the necessary requirements required by the Office before undergoing training.

In witness hereof, I have hereunto set my signature on this \_\_\_\_ day of \_\_\_\_  
at \_\_\_\_\_.

Conform5e:

\_\_\_\_\_  
Student-Trainee  
With my Parental Consent

\_\_\_\_\_  
Teacher-Supervisor

\_\_\_\_\_  
Parent/Guardian's Name and Address

Action by the Office

To: \_\_\_\_\_

Having complied with the required documents and condition for On-the-Job Training, your request for office training at the \_\_\_\_\_, this Office is hereby granted subject to the final approval by the Assistant Secretary.

Recommending Approval:

\_\_\_\_\_  
**LADIE LYN G. FUDERANAN**  
Administrative Officer IV  
OIC, Human Resource Development Section





REPUBLIC OF THE PHILIPPINES  
**BARANGAY WEST KAMIAS**  
**TANGGAPAN NG PUNONG BARANGAY**  
#2 K-10<sup>th</sup> Street, West Kamias, District III, Area 14, Quezon City 1102  
8-350-66-55



## CERTIFICATION

**Anthony "Don Don" Dacones**  
Punong Barangay

**Kgd. Raymond L. Dela Cruz**  
Committee on Education and  
Transportation, Finance

**Kgd. Vivienne "Beng" Vicmudo**  
Committee on Peace and Order,  
Infra, Appropriation

**Kgd. Teresita F. Castro**  
Committee on Elderly, PWD, and  
NGO's

**Kgd. Maria Tita G. Ferrer**  
Committee on Anti-Drug Abuse

**Kgd. Maria Eleonor G. Malay**  
Committee on BCPC, GAB,  
Women

**Kgd. Sheryleen C. Malay**  
Committee on Blue Ribbon and  
Ethics

**Kgd. Maybelle F. Gabuyo**  
Committee on Environmental  
Protection and Sanitation and  
Health, Bids and Awards

**Ryan James "Kreng" Acosta**  
SK Chairman

**Joel S. Arroyo**  
Secretary

**Marilou D. Destajo**  
Treasurer

**Melvin Nieras**  
EX-O

### TO WHOM IT MAY CONCERN:

This is to certify that **FRANCESCA DANICA DELROSARIO** of legal age, a Filipino, with residence and postal address at **#39 K-9<sup>TH</sup> STREET, BARANGAY WEST KAMIAS, QUEZON CITY** is a bonafide resident of Barangay West Kamias.

This is to certify further that the above named person is a law abiding citizen and of good moral character. He/She has no derogatory records whatsoever as per records.

This certification is issued for **WORK IMMERSION REQUIREMENT.**

Issued this **4<sup>TH</sup>** day of **April, 2023** at Barangay Hall, Barangay Quezon City.

Applicant's Signature



Right Thumb Mark



PICTURE

**ANTHONY "DON DON" DACONES J.D.**  
Punong Barangay

Valid for 6 months only  
Not valid without a seal

# VACCINATION CARD

Please keep this record card, which includes medical information about the vaccine you have received.

## QUEZON CITY HEALTH DEPARTMENT





**QC PROTEKTODONG**  
SA BAKUNANG SIGURADO

*Dej. Purok* *Fernando Canica*  
Last Name First Name Middle Name Suffix  
*12/23/09* *F* *123*  
Date of Birth Sex PhilHealth No. Category

Dosage Seq Date Vaccine Manufacturer Lot No.

1st Dosage *12/9/2021* *Caring*  
Vaccinator Name: Signature:

2nd *27 JAN 2022* *ASTRA* *PW40172*  
Vaccinator Name: Signature:

*gma* *Arch Melene E. Marquez, RN* *Lic # 0839321*  
   



The use of this card in fraudulent and illegal act is punishable by law.

cash withdrawals, or release of remittances is involved.

also be used as an identification card in transactions where check encashment, support other legal and valid government issued identification cards. It can

This Data Card may be used by the holder as secondary document to

provided by the bearer. ~~The Police~~ is not liable for any wrong information

Police Clearance Section conducted routine validation of all information


that the bearer provided.

The Personal information contained in this card was provided by the bearer.


# NOTICE




**QUEZON CITY POLICE DISTRICT**  
 District Investigation & Detective Management Division  
 Police Clearance Section  
 City Hall Complex, Quezon City



**POLICE CLEARANCE DATA CARD**



NAME: DEL ROSARIO, MA. ROSARIO LETICIA  
 QUIMSON  
 ADDRESS: 14 MATIYAGA ST. V. LUNA BRGY.  
 CENTRAL QUEZON CITY  
 BIRTHDATE: August 24, 1968  
 BIRTHPLACE: CAUAYAN, ISABELA  
 NATIONALITY: FILIPINO  
 CIVIL STATUS: SINGLE GENDER: FEMALE



VALID UNTIL: June 23, 2017

MQC180625124106

J.  
P.  
J.



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:** Francesca Danica Belmonte

**Signature:** [Signature]

**Date:** \_\_\_\_\_

## 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 \_\_\_\_\_ until \_\_\_\_\_ at \_\_\_\_\_ 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:** Mr. Rosalia Velasco G. Belmonte

**Signature:** [Signature]

**Date :** \_\_\_\_\_

*Galileo*

Republic of the Philippines  
Department of Education  
National Capital Region  
Schools Division of Quezon City  
QUIRINO HIGH SCHOOL  
Molave St., Project 3, Quezon City

April 4, 2023

Dear Parents,

Work Immersion is a requirement for graduation as stipulated in DepEd Order No. 50, s. 2017. Hence, we request that you allow your son/daughter to actively 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 utmost care in the workplace.

Thank you very much for your usual support and cooperation.

Very truly yours,

Adviser

Noted by

Work Immersion Teacher

Recommending Approval:

*Helen P. Ingeniero*  
**HELEN P. INGENIERO**  
Head Teacher VI/SHS Focal Person/Chairman

Approved:

*Remedios P. Danac*  
**REMEDIOS P. DANAC, Ed. D.**  
Principal IV

**PARENTS' PERMIT**

I have considered the benefits my son/daughter Francisco Danac Dencio's  
of Grade 11 - Galileo will derive from the Work Immersion at \_\_\_\_\_  
Year & Section Full Name  
\_\_\_\_\_ on April 11-25, 2021 \_\_\_\_\_  
Date of Work Immersion Name of Partner Institution

\_\_\_\_\_  
I/We fully understand and allow our son/daughter \_\_\_\_\_  
\_\_\_\_\_ to undertake the program.  
\_\_\_\_\_  
I/We do not allow our son/daughter to undertake the program because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Parent's Signature*  
\_\_\_\_\_  
Parent's Signature over Printed Name

\_\_\_\_\_  
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





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**

This waiver is in connection with on the work immersion program that Francisca Danica Delwano of Grade 12 GAB has requested and which you have accepted and confirmed. The student/trainee acknowledges that the permission granted by:

\_\_\_\_\_

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 \_\_\_\_\_ hours period of the said program. It is understood that there is no employer-employee relationship between the company and the student/trainee.

This waiver will be in effect for the duration of the work immersion program schedules from: April 11 to April 25.

Done this \_\_\_\_\_ day of \_\_\_\_\_ at the City of Quezon.

Francisca Danica Delwano

Student Trainee

Mr. Delwano

Parent/Guardian

**WITNESS**

\_\_\_\_\_  
School Representative

\_\_\_\_\_  
Company Representative



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