

MAERKS EUGINE AMANCIO

Kaingin 1, Block 7, Brgy. Pansol, QC. | 0963-360-33-77 |
maerkseugineamancio@gmail.com



PERSONAL INFORMATION

BIRTHDATE: JANUARY 26, 2004
AGE: 19
SEX : MALE
HEIGHT: 5'7
WEIGHT: 68
CIVIL STATUS: SINGLE
CITIZENSHIP: FILIPINO
RELIGION: ROMAN CATHOLIC
LANGUAGE SPOKEN: BISAYA, TAGALOG, ENGLISH

OBJECTIVE:

Grade-12 ABM student applying for our work immersion subject that possibly related to my strand/track.

EDUCATION

ESPERANZA ELEMENTARY SCHOOL

Esperanza, San Francisco, Cebu (kinder – Grade 6) 2010 – 2017

LORENZO C. TANZA MEMORIAL NATIONAL HIGH SCHOOL

Union, San Francisco, Cebu (Grade 7 to 10) 2017– 2021

QUIRINO HIGH SCHOOL

Molave St. Brgy. Duyan-Duyan, Project 3, Quezon City (Grade 11 – 12) 2021 - 2023

AWARDS AND ACKNOWLEDGEMENTS

- Provincial Badminton Player (Grade 6)
- 2nd place Nutrition Month Poster making competition (grade 6)
- Top 5 Science Quiz Bee(Grade 7)
- 3rd place District Badminton Player (Grade 9)
- 2nd place Techno Dance(Grade 9)
- With Honor (Grade 11)

WORK EXPERIENCE

- Farmer

HOBBIES

- Badminton
- Drawing
- Dancing
- Swimming

SKILLS

- ☒ Communication skills
- ☒ Easy to get along with
- ☒ Good Listener
- ☒ Hardworking
- ☒ Creative
- ☒ Willing to learn new skills
- ☒ Time management

I hereby certify that the information in my resume is accurate and base on my experiences.

CHARACTER REFERENCES

Danilo D. Pama

Grade 12 adviser
QUIRINO HIGH SCHOOL
Contact number:0995-252-08-10

APRIL ROSE Z. SUVA

0936-399-58-74
Grade 12 teacher
QUIRINO HIGH SCHOOL
Aprilrose.suva@depedqc.ph


MAERKS EUGINE AMANCIO

Applicant

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

148-13

DATE

On-the-Job Training Contract

I, Maerks Eugene Amancio, 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

MAERKS EUGINE AMANCIO

Kaingin 1, Block 7, Brgy. Pansol, Quezon City 1108 | 0963-360-33-77

maerkseugineamancio@gmail.com

Dear:

I am interested in applying to your company for work immersion. I am currently a grade 12 ABM (Accountancy Business Management) student in Quirino High school. This work immersion will help me not just for experience but also for my school grades since this was highly recommended. I believe that with my knowledge and skills from my studies will provide you a great performance and I am confident with my creativity and ability that would make valuable assets to your company. With my hard work especially right now that work immersion is a must, I'll do my best and you won't regret it if you hire me.

Thank you for your time and consideration. I look forward to a personal meeting to discuss further details.

Sincerely,


MAERKS EUGINE AMANCIO
Applicant



Republic of the Philippines
BARANGAY PANSOL

Herminigildo I. Flores Hall, III District, Quezon City
Tel. Nos.: 836-791-88



HON. JOSEPH P. MAHUSAY
Punong Barangay

KAGAWAD

Hon. MELVIN C. LAURIO
Hon. JOHN PAUL A. GERONIMO
Hon. ROBERT G. BENITO
Hon. DANDY P. FLORES
Hon. EMILIO H. PEREZ
Hon. PEDRO S. BALAGSO
Hon. MA. TERESA C. INCIONG
Hon. DEXTER P. PEÑAMORA
SK Chairman

Mr. Jefferson L. Mosteiro
Barangay Secretary

Ms. Marissa C. Austria
Barangay Treasurer

Mr. Roberto H. Santiago
Admin Head

BARANGAY CLEARANCE

Date Issued : 04/04/2023
Control No.: 104594

TO WHOM IT MAY CONCERN:

This is to certify that the person whose name, right thumb mark and picture appear hereon has requested a Record and Barangay Clearance from this office and result/s is/are listed below:



ID No.: K1-2367

Name : MAERKS EUGINE . AMANCIO
Address : Block7, Kaingin I
Date of Birth : January 26, 2004
Place of Birth : Quezon City
Purpose : OJT Requirement
Remarks : No derogatory records on file as of date.

CTC No. :
Issued at :
Issued on :

Right Thumbmark

Hon. JOSEPH P. MAHUSAY
Barangay Chairman


Hon. PEDRO S. BALAGSO
Kagawad

This certification is valid only for six (6) months from date of issue. Not valid without official dry seal

"MAHUSAY NA SERBISYO PARA SA TAO"



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. 30, 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
Head Teacher VI/SHS Focal Person/Chairman

Approved:

REMEDIOS P. DANA, Ed. D.
Principal IV

PARENTS' PERMIT

I have considered the benefits my son/daughter Maerks Eugene Amancio
of 12 Calileo will derive from the Work Immersion at LTO
Year & Section Full Name Name of Partner Institution
on April 11-25, 2021.
Date of Work Immersion

☒ I/We fully understand and allow our son/ daughter Maerks Eugene Amancio
to undertake the program.
☐ I/We do not allow our son/daughter to undertake the program because _____

Charipe A. Monter
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



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 in 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: Maerks Eugene Amancio

Signature: 

Date: April 3, 2023

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 23 at 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: Charipe A. Monter

Signature: 

Date: April 3, 2023



Quirino High School

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

Telephone No.: 7744-3723/8508-7965

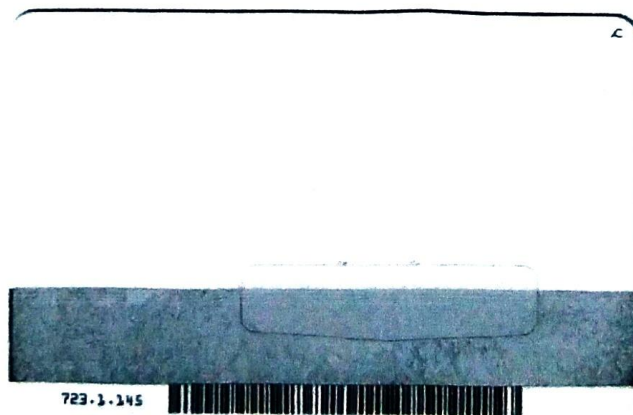
E-mail: quirinohighschool@gmail.com



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Department of Education

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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
Maerks Eugene Amancio of
Is Galileo (ABM) 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 60 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 15.

Done this _____ day of _____ at the City of
Quezon.



MAERKS EUGINE AMANCIO
Student Trainee



Charpe A. Montar
Parent/Guardian

WITNESS

School Representative

Company Representative



Quirino High School
Address: Molave St., Project 3, Brgy. Duyan-Duyan, Quezon City
Telephone No.: 7744-3723/8508-7965
E-mail: quirinohighschool@gmail.com

VACCINATION CARD

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

QUEZON CITY HEALTH DEPARTMENT

QC PROTEKTOD
SA BAKUNANG SIGURADO

Amancio Mark's Eugene ROPP
Last Name First Name Middle Name Suffix
1-26-04 M PhilHealth No. Category
17

Dosage Seq	Date	Vaccine Manufacturer	Lot No.
1st	11/19/21	PFIZER	PCB0002
Dosage	Vaccinator Name: <u>Jomar C. Año, RN</u> <u>License No. 0691059</u>	Signature: <u>[Signature]</u>	
2nd	<u>DEC 17 2021</u>	PFIZER	<u>FH4752</u>
	Vaccinator Name: <u>C NICOLE DACANAY, MD</u> <u>Lic No. 0117791</u>	Signature: <u>[Signature]</u>	



REMINDER:
PAALALA:

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

Ang iyong 2nd dose ay sa: 12 / 16 / 21 ^{8AM}

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 reaksiyon kasunod ng iyong bakuna.