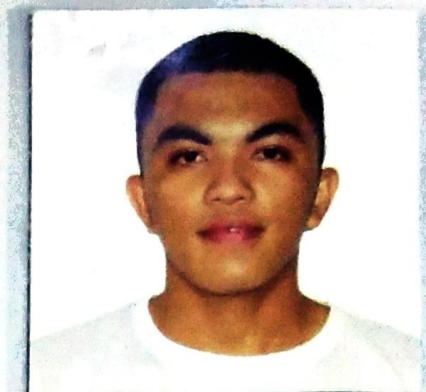


**Name:** Ranel Epres  
**Address:** 49B Mapagbigay St., Brgy Central Quezon City  
**Contact:** 09157766286  
**Email:** [ranelepres778@gmail.com](mailto:ranelepres778@gmail.com)



### OBJECTIVES

- I am looking for a suitable Work-Immersion where I could practice my knowledge and developed my personality a career person while utilizing my skills.

### PERSONAL INFORMATION

**Age:** 23  
**Date of Birth:** April 25, 1999  
**Gender:** Male  
**Civil Status:** Single  
**Height:** 163cm  
**Weight:** 55kg  
**Nationality:** Filipino  
**Religion:** Roman Catholic  
**Language Spoken:** Filipino  
**Skills:** Effective communication, Active listening, Collaboration

**Name of Mother:** Mary Grace O. Epres  
**Occupation:** Small business owner  
**Name of Father:** Orlan C. Costa  
**Occupation:** Contractor

### Educational Attainment

**Senior High School**

Quirino High School

2021 - 2023



Project 3, Quezon City

<b>Junior High School</b>	Bagong Silangan High School	2014 - 2015
	Quezon City	
	Don Quintin Paredes High School	2018 - 2021
	Quezon City	
<b>Elementary</b>	Bagong Silangan Elementary School	2007 - 2012
	Quezon City	

**CO-CURRICULAR ACTIVITIES**

- Participated in Quiz bee  
Quirino High School
- Participated in Mathematics  
Don Quintin Paredes High School

**AWARDS/ACHIEVEMENTS**

- Honor student 6<sup>th</sup> grade
- Honor student 10<sup>th</sup> grade

**SEMINARS ATTENDED**

- Career orientation seminar  
Don Quintin Paredes High School 2018-2019
- Career orientation seminar  
Quirino High School 2021-2022

**QUALIFICATION**

- Dedication and hardworking individual
- Willing to render overtime
- God-Fearing
- Willing to learn

### SKILLS

- In-depth knowledge of social media marketing platforms Twitter, Facebook, Instagram, Tiktok
- Proficient in Microsoft Office (Word, Excel, Powerpoint).
- Strong Interpersonal skills
- Creative thinking

### CHARACTER REFERENCE

Bryan Pagaura

09262632191

[Bryanpagaura@gmail.com](mailto:Bryanpagaura@gmail.com)

I hereby certify that the information in my resume is accurate and based on my own experience.

  
Rafael Epres  
Applicant

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

168-7

\_\_\_\_\_  
DATE

**On-the-Job Training Contract**

I, Ranel Epres, 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





2023

REPUBLIC OF THE PHILIPPINES  
BARANGAY CENTRAL  
DISTRICT 4, QUEZON CITY

#2 Marunong Street corner Matatag Street, Barangay Central, District IV,  
Quezon City

Tel No. 829-55-642

Email: barangaycentral@gmail.com



## BARANGAY CLEARANCE

HON. ROSA D. MAGPAYO  
PUNONG BARANGAY

### KAGAWADS

HON. MONICA BOLINA

HON. THOMAS JACOB LAGMAN

HON. SHARON BON

HON. DENNIS AN

HON. MARISSA TENIO

HON. CRISTITA UMALI

HON. JESUS CASICA

JOANNE PATARAY  
SK CHAIRMAN

NOELA IMPRESO  
BARANGAY SECRETARY

GREGORIA PINCA  
BARANGAY TREASURER

This is to CERTIFY that **RANEL EPRES** is a bonafide resident of 49B MAPAGBIGAY STREET, Barangay Central, District IV, Quezon City, and has no derogatory record/case filed against her/him, a law abiding citizen in this barangay.

This CLEARANCE is being issued upon the request of the above mentioned name for the purpose of WORK IMMERSION REQUIREMENT.

Issued this 3<sup>RD</sup> day of APRIL 2023, at Quezon City.

  
Signature



HON. ROSA D. MAGPAYO  
Punong Barangay



2023

\*Not Valid without official dry seal\*

VALID UNTIL 04/03/2024



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 Ranel Epres of 12-Confucius (ABM) has requested and which you have accepted and confirmed. The student/trainee acknowledges that the permission granted by:

Mary Grace O. Epres

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 80 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 10 day of April 2023 at the City of Quezon.

Ranel Epres

Student Trainee

Mary Grace O. Epres

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  
Email: 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

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**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:** Ranel Epres

**Signature:** 

**Date:** 04/03/2023

**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 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:** Mary Grace O. Epres

**Signature:** 

**Date :** 04/03/2023



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

Conspicuous

Republic of the Philippines  
Department of Education  
National Capital Region  
Schools Division Office - 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,

Advise


Noted by:

Work Immersion Teacher

Recommending Approval:

  
**HELEN P. INCENIERO**  
Head Teacher VI/SHS Focal Person/Chairman

Approved:

  
**REMEDIOS P. DANA O, Ed. D.**  
Principal IV

**P A R E N T S ' P E R M I T**

I have considered the benefits my son/daughter Ranel Epres Full Name  
of 12 - Conspicuous Year & Section will derive from the Work Immersion at Land Transportation Name of Partner Institution  
Office (LTO) Date of Work Immersion on April 11-25, 2021.

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

  
MARY GRACE Epres  
Parent's Signature over Printed Name

April 9, 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



**VACCINATION CARD**

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

**QUEZON CITY HEALTH DEPARTMENT****QC PROTEKTODONG**  
SA BAKUNANG SIGURADO

Last Name: Lana First Name: Ranel Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: 9/15/1999 Sex: M PhilHealth No: \_\_\_\_\_ Category: A4

Dosage Seq	Date	Vaccine Manufacturer	Lot No.
1st	<u>9/28/21</u>	<u>Janssen</u>	<u>202104162</u>
Dosage	Vaccinator Name: <u>Zen Allan A. Ariles, RM, RH</u> Signature: _____ <small>IC No. 0014344/0107529</small>		
2nd	<u>10/23/21</u>	<u>Novartis</u>	<u>202104176</u>
	Vaccinator Name: _____ Signature: _____		

**REMINDER:**

Return for a second dose!

**PAALALA:**

Bumalik para sa ikalawang bakuna!

Ang iyong 2<sup>nd</sup> dose ay sa: 10/23/21**Booster / Additional Dose**Date of Vaccination: 3/15/22 Place of Vaccination: Brgy. CentralVaccine Manufacturer: Moderna Lot / Batch No: 061621AVaccinator's Name: Dr. J. J. Ariles, MDSignature: [Signature]

Dahin 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](https://quezoncity.gov.ph/covid19_faqs/vaccine)

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