

TEBIA, CHRISTIAN GIAN C.

139 Bignay s.t proj 2 quezon city

Contact Number: 0969 402 3753

Email: Christiangiantebia079@gmail.com



OBJECTIVE:

To look a job that fits my skills and to improve my knowledge about everything.

PERSONAL DETAILS:

Date of birth: May 08 2003

Place of birth: Quezon City

Civil Status: Single

Linguistic Proficiency: Tagalog

Father's name: Tebia Gilbert P.

Mother's name: Barrientos Jonis Jopline

Gender: Male

Age: 19 years old

Citizenship: Filipino

Religion: Bornagain Christian

Occupation: Delivery Rider

Occupation: Housewife

Person to be contacted in case of Emergency: Rosemrie P. Tebia

Contact number: 0975 2321 421

EDUCATION:

Senior High School: June 2021- Present

Grade 12 (Computer Programming (Java) NC III)

Grade 11 (Computer Programming (Oracle) NC III)

Quirino High School

Junior High School: Quirino High School (2016-2020)

Elementary: Quirino Elementary school (2016-2017)

SPECIAL SKILLS:

- Able to do Java Programming
- Knowledge about Microsoft Office
- Can operate computer effectively
- Excellent time management skills
- 40 Wpm Average typing speed

REFERENCES:

Name	Position	Number
Mr. Reynold Lorens M. Acal	SHS TVL-ICT Teacher I	0945 498 5517
Mr. Donny Pama	SHS Master Teacher I	0995 252 0810
Mrs. Mutya V. Jimenez	SHS Master Teacher III	0932 204 2614

I hereby certify that all the information contained in the resume is correct and true to the best of my knowledge and understanding.

Christian C. Tebia

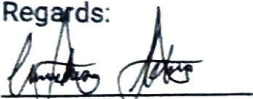
Dear: Sir/Maam

I am intested to applying as a work immersion applicant in your institution
I am student from Quirino high school Talking up form Information Communication Technology

I believe that the knowledge and skill I have gained in my studies can contribute gratefully to the work that your compant does in the community. I also hope that working with you will prove to be a good

I am looking forward to hearing from you soon Thankyou

Regards:

A handwritten signature in black ink, appearing to read 'Christian C. Tebia', written over a horizontal line.

Christian C. Tebia

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

108-9

DATE

On-the-Job Training Contract

I, Christian Alan C. Tebia, 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 QUIRINO 2-B
Pajo cor. Langka Sts., Project 2, Q.C.
Tel No. 7-7535054



OSCAR M. REYES
PUNONG BARANGAY

MGA KAGAWAD

CELSO G. DE VEAS

Committee on Education, Socio-Cultural
and Religious Affairs, Cooperative and
Livelihood Development
Senior Citizen Affair

RENATO A. HOMO

Committee on Transportation and
Communication
Committee on Human Rights,

MA. VIRGINIA DJ. LOPEZ

Committee on Health and Sanitation
Committee on Clean and Green &
Beautification & Environment Sanitation
Committee on Women and Family Affairs
Committee on Barangay Council for the
Protection Of Children
Committee of Gender and Development,
Committee on Person with Disability

MA. ELENA L. ORETA

Committee on Public Works and Infrastructure

JENNIFER B. ISAAC

Committee on Appropriation, Ways and Means

CYRUS M. YANEZA

Committee on Anti-Drugs
Committee on Organizations (NGO)
Committee on Peace and Order

MARK EDWARD I. POBLACION

Committee on Sports Developments
Committee on BDRRM

PATRICK JUSTIN G. MARTINEZ

SK Chairman

JAN NICOLE ISAAC - BARTOLO

Barangay Secretary

ROWENA P. MORIN

Barangay Treasurer

BARANGAY CLEARANCE

DATE 4/3/2023
CONTROL# 2023-403

TO WHOM IT MAY CONCERN:

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

Name : **CHRISTIAN GIAN CLEOFAS TEBIA**

Address: **139 BIGNAY St. Quirino 2-B Q.C.**

Date of Birth: **MAY 5, 2003**

Place of Birth : **Quezon City**

Civil Status : **SINGLE** Sex: **Male**

Type of Settler: **RESIDENT**

Purpose: **FOR IDENTIFICATION**

Remarks: **FOR IMMERSION**



CTC No:

Issued at:

Issued Date:


OR No.

Amount:


Applicant's Signature



Right Thumbmark


OSCAR M. REYES
Punong Barangay



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 Christian Gian C. Tebra of 12-newton 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 2023 to April 25 2023.

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

Christian Gian C. Tebra
Student Trainee

Rose Tebra
Rosemarie P. Tebra
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

Newton



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. 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
Head Teacher VI/SHS Focal Person/Chairman

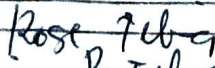
Approved:


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

PARENTS' PERMIT

I have considered the benefits my son/daughter Christian Gian P. Tebia
of 12-Newton will derive from the Work Immersion at L.T.O
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 Christian C. Tebia
to undertake the program.
☐ I/We do not allow our son/daughter to undertake the program because _____


Rosemarie P. Tebia
Parent's Signature over Printed Name

4-11-2023
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 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: Christian Gian C. Tebia

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 APRIL 11 until APRIL 25 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: Gilbert P. Tebia

Signature: [Signature]

Date: _____



Quirino High School
Address: Molave St., Project 3, Brgy. Duyan-Duyan, Quezon City
Telephone No. 7744-3723/7508-7965
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

Tenia Christian Guan Cleofas
Last Name First Name Middle Name Suffix
08/04/2007 M A5
Date of Birth Sex PhilHealth No. Category

Dosage Seq	Date	Vaccine Manufacturer	Lot No.
1st	11 / 17 / 21	SINOVAC	3701103069
Dosage	Vaccinator Name:	CARILLE E. CHIAFRANCA RN LIC. NO. 000018	Signature:
2nd	12 / 15 / 21	SINOVAC	B262109121
	Vaccinator Name:	Gracelyn A. Ramos, RN Lic. No. 0850120	Signature:



[Handwritten signature]



REMINDER: PAALALA:

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

Ang iyong 2nd dose ay sa: 12 / 15 / 2021

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.

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation

PhilHealth
Your Health is Our Priority

06-025150208-3
TEBIA, ROSEMARIE PEREZ
JANUARY 25, 1956 - FEMALE
139 BIGI-AY ST. PROJECT 2 QUIRINO 2-B QUEZON
CITY, SECOND DISTRICT - 1105

Signature

0 6 0 2 5 1 5 0 2 0 8 3

Rose Tebia
Rose Tebia
Rose Tebia

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



ATTY. DANTE A. GIERRAN, CPA
President and Chief Executive Officer (CEO)