

THELMA BALMES

Mobile Number: 0931-8729-858

Address: #43 Tampoy Street

Email Address: Telbalmz@gmail.com



CAREER OBJECTIVES

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

PERSONAL INFORMATION

FULL NAME:	Balmes, Thelma B.
BIRTH DATE:	September 14 2004
AGE:	18
PLACE OF BIRTH:	Calayan, Cagayan
SEX:	Female
HEIGHT:	5.3"
CIVIL STATUS:	Single
NATIONALITY:	Filipino
RELIGION:	Roman Catholic
LANGUAGE SPOKEN:	Filipino(Tagalog)
NAME OF MOTHER:	Balaan, Wilma B.
OCCUPATION:	BHW
NAME OF FATHER:	Balmes , Teddy D.
OCCUPATION:	Farmer
GUARDIAN:	Balmes, Kristal Mae B.
OCCUPATION:	Teacher
CONTACT NUMBER OF PARENT\GUARDIAN:	0936-5780-946
SKILLS:	Communication skills, Self-Motivation Self-Motivationand Problem Solving

EDUCATIONAL ATTAINMENT

SENIOR HIGH SCHOOL:	Quirino High School Brgy. Duyan-Duyan , Molave St. Quezon City S.Y 2022 Present-2023
STRAND:	Academic Track General Academic Strand
SECONDARY LEVEL:	Calayan High Schoo-Main Brgy. PoblacionCalayan Cagayan S.Y 2020-2021
PRIMARY LEVEL:	Magsidel Elementary School Brgy. MagsidelCalayan, Cagayan S.Y 2016-2017

CHARACTER REFERENCES

Ms. April Rose Z. Suva	Teacher Quirino High School	0936-3995-874
Mr. Rhyan Mark Dizon	Legal Officer Molaer Law Office	0936-5780-946

I hereby certify that the above information is true and correct to the best of my knowledge and beliefs.


THELMA BALMES
APPLICANT

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

DATE

On-the-Job Training Contract

I, Thelma Balmes, 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

To:

Warmest Greetings! From Quirino High School- General Academic Strand Department.

This has reference to the requirement of General Academic Strand Curriculum of Quirino High School for students to undergo a practical on the job enterprise-based training.

It is my desire to humbly request that I be accommodated in your company to allow the opportunity of actual practice.

I am Thelma B. Balmes , 18 years of age and currently enrolled as Grade 12 student of Quirino High School SY 2022-2023.

I would describe myself as having a strong work ethics, as assertive and creative in possession of a good language skills. I enjoy working independently but also work well together with others . In addition ,I am highly proficient in Tagalog and English ,In speech and in writing. I approach most wide-ranging work assignments with a willing mindset ,a healthy dose of creativity and an academic outlook.

This position appeals to me because I enjoy teaching and sharing my knowledge to others. I prefer working flexibly and I would be happy to discuss various options. I am willing to render my service in your good office and abide by the work immersion ethics.

Thank you and I hope for your positive response.

Very truly yours,


THELMA B. BALMES S

GRADE-12 GAS

COVID-19 Vaccination Card

This card is issued to you which includes medical information

and vaccination history for future reference.

Print Name

BRAUNES

FIRST NAME
THELMA

MIDDLE NAME
ELA

LAST NAME
CHAVAYAN

Address

Date of Birth

Sex

09 - 14 - 04

F

PhilHealth No

Batch No

Lot No

Date

Vaccine Manufacturer

Vaccinator Name

Signature

Contact No

Category

ROPP

3212581

2021-07-01

PFIZER

PF1206

EHO 306

Signature

ROPP

3212581

2021-07-22

W.C.CHA

W.C.CHA

Signature

ROPP

3212581

2021-07-22

KHAN CHAVAYAN

KHAN CHAVAYAN

Signature

ROPP

3212581

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:

Lynn
HELEN P. INGENIERO
Head Teacher VI/SHS Focal Person/Chairman

Approved:

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

PARENTS' PERMIT

I have considered the benefits my son/daughter THELMA B. BALMES
Full Name
of Grade 12 - PLATO will derive from the Work Immersion at _____
Year & Section _____ *Name of Partner Institution*
on April 11-25, 2021
Date of Work Immersion

- I/We fully understand and allow our son/ daughter THELMA BALMES
to undertake the program.
 I/We do not allow our son/daughter to undertake the program because _____

Kristal Mae Balmes
Parent's Signature over Printed Name

04 - 10 - 23

100%



Quirino High School
Address: Molave St., Project 3, Brgy. Duyan-Duyan, Quezon City
Telephone No.: 7744-1721/8508-7965
E-mail: quirinohighschool@gmail.com



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 Affairs

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 4/4/2023
CONTROL# 2023-410

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 : **THELMA BALAAN BALMES**

Address: **43 TAMPOY St. Quirino 2-B Q.C.**



Date of Birth: **SEPTEMBER 14, 2004**

Place of Birth : **CAGAYAN**

Civil Status : **Single** Sex: **FEMALE**

Type of Settler: **RESIDENT**

Purpose: **For Identification**

Remarks: for immersion

CTC No:

Issued at:

Issued Date:

OR No.

Amount: 00.00


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

W A I V E R

This waiver is in connection with on the work immersion program that
THELMA BALMES
QUIRINO HIGH SCHOOL 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 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 _____ day of _____ at the City of
Quezon.

THELMA BALMES
Student Trainee

KRISTAL MAE BALMES
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



Republic of the Philippines
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QUIRINO HIGH SCHOOL
Molave St., Project 3, Quezon City

ENDORSEMENT LETTER

Dear _____:

This is to introduce, **Thelma Balmes** who is a grade 12 Senior High School student enrolled in our school under the K to 12 program with specialization **General Academic Strand (GAS)**, and to further endorse <his/her> application with your company to undergo **WORK IMMERSION** for a minimum of 80 hours as a requirement of the curriculum.

We believe that schools must link up with industry in order to update, upgrade, and make the education of your youth more relevant to the actual needs of the industry. It is in this regard that we request you to give such opportunities to our students by allowing them to do part time work with your company. We are confident that given the opportunity our student will be an asset to your company.

Thank you for the favorable action and we look forward to a more fruitful linkage with you.

Very truly yours

Mariluz L. Riboroso
Work Immersion focal person for Partnership

Noted:

HELEN P. INGENIERO
Head Teacher VI/SHS Focal Person



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my

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.

Celeste de la Serna
DR. CELESTINA MA. JUDE P. DE LA SERNA

INTERIM/GIC PRESIDENT AND CEO

my

my

my

my

DILMES / KRISTAL MAT B.





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 in 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: Thelma Balmes

Signature: thelma

Date: 09 - 12 - 23

PARENTAL/GUARDIAN 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 13 until April 26 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: Kristel Mae Balmes

Signature: Kristel

Date: 09 - 12 - 23



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