

Jason Miguel Zabala



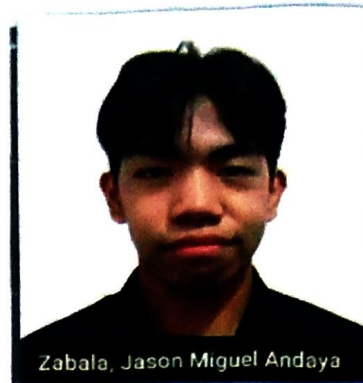
09266724800



37 N. Perez St. Pansol Balara
Quezon City



jasonzabala0@gmail.com



Objective

To be able to join a reputable organization that will allow me to learn more and expand my skills.

Seeking for the opportunity to prepare for my career in a company that is successful.

Personal Background

Birthdate: December 1, 2004

Age: 17

Sex: Male

Nationality: Filipino

Religion: Roman Catholic

Language Spoken: Filipino, English

Skills

- Communication
- Teamwork
- Creativity
- Leadership

Education Attainment

SENIOR HIGH SCHOOL

QUIRINO HIGH SCHOOL

Project 3, Quezon City

JUNIOR HIGH SCHOOL

REMNANT INTERNATIONAL

CHRISTIAN SCHOOL

Katipunan, Quezon City

ELEMENTARY

GIOVANNI BATISTA

LEONARDI SCHOOL

Pansol, Quezon City

Co-Curricular Activities

Member of a dance crew – 2022 – 2023
Athletes of God (AOG)

Took part in an oral 2019
declamation competition

Remnant International Christian School

Participated in a math Quiz bee 2018
and social studies Quiz bee

Remnant International Christian School

Member of the worship team 2017 – 2020
as a drummer and singer

Remnant International Christian School

Member of a basketball team 2017
for AO1

Remnant International Christian School

Member of Performing Arts 2011 – 2017
Club (PAC)

Giovanni Batista Leonardi School

Awards and Achievements

- | | |
|---|-----------|
| • Consistent Conduct Excellence Awardee | 2017-2020 |
| • Consistent Perfect Attendance Awardee | 2017-2020 |
| • Champion in Remnant Camp | 2017-2019 |
| • Champion in AO1 Youth Basketball League | 2017 |

Character Reference

Vergel M. Duero

TEACHER, REMNANT INTERNATIONAL
CHRISTIAN SCHOOL

Phone: +639097265553
Email: duerovergel@gmail.com

*I hereby that the information in my resume is accurate and based on
my own experiences.*

Jason Miguel A. Zabala

Applicant

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

148-3

DATE

On-the-Job Training Contract

I, Jason Miguel Zabala, 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
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
Jason Miguel A. Zabala of 12- Confucius 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.

Jason Miguel A. Zabala
Student Trainee

Maria Ellen A. Zabala
Parent/Guardian

WITNESS

School Representative

Company Representative





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 : 4/4/2023
Control No.: 112462

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:



PP-143235
ID No.:

Name : JASON MIGUEL A. ZABALA
Address : 37 N. Perez St., Pansol Proper
Date of Birth : December 1, 2004
Place of Birth : Quezon City
Purpose : OJT Requirement
Remarks : No derogatory records on file as of date.

CTC No. :
Issued at :
Issued on :

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"

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

SABALA JASON MIGUEL ANDAYA
Last Name First Name Middle Name Suffix
12/01/2004 M 12/11
Date of Birth Sex PhilHealth No. Category

Dosage Seq	Date	Vaccine Manufacturer	Lot No.
1st	11/12/21	PFIZER	RB0002
Dosage	Vaccinator Name: M. Mylyn G. Dimayacyac, RN Lic. # 0188076	Signature:	
2nd	12/11/21	PFIZER	PL5324
	Vaccinator Name: Dermatology License No. 74533	Signature:	

REMINDER:
PAALALA:

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

Ang iyong 2nd dose ay sa: 12 / 11 / 21

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
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: Jason Miguel A. Zabala

Signature: _____

Date: 4/3/23

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 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: Maria Ellen A. Zabala

Signature: _____

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

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. DANAOS, 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 JASON MIGUEL A. ZABALA
of 12 CONFUCIUS will derive from the Work Immersion at L7B
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 JASON MIGUEL A. ZABALA
to undertake the program.
☐ I/We do not allow our son/daughter to undertake the program because _____


MARIA ELLEN A. ZABALA
Parent's Signature over Printed Name

Apr. 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