



TORRES, MANILYN J.
1908 Marlane Subdivision Minuyan
Norzagaray, Bulacan
Contact #: 09082894106
E-mail: lhyna 023@yahoo.com

OBJECTIVES:

- ❖ To enhance my knowledge in computer
- ❖ To practice my ability in computer programming
- ❖ To socialized with other people outside of the school

PERSONAL INFORMATION

Name: Torres, Manilyn Joaquin
Nickname: Mane, Ani, Lyn
Birthday: June 05, 1989
Age: 20
Gender: Female
Status: Single

EDUCATIONAL BACKGROUND

Elementary

School: Timoteo Policarpio Memorial Elementary School
Address: Minuyan Bigte Norzagaray Bulacan
Year: 1995- 2001

High School

School: Academia de San Lorenzo
Address: Tialo Sto. Cristo, San Jose Del Monte, Bulacan
Year: 2001-2005

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

Nov. 16, 09

DATE

On-the-Job Training Contract

I, Manilyn Torres, a student presently enrolled at Bulacan State University, Tambiamento Campus, 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 16th day of November at 2009.

Manilyn J. Torres

Student-Trainee

With my Parental Consent

Conforme:

Engr. Richard F. Sta. Maria
Engr. Richard F. Sta. Maria
Teacher-Supervisor

manilyn J. Torres
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 Supply; this Office is hereby granted subject to the final approval by the Assistant Secretary.

Recommending Approval:

Approval Recommended:

Bella A. San Pedro
Bella A. SAN PEDRO
Chief, Personnel Section

Approved:

Atty. Jimmy G. Pesigan
Atty. JIMMY G. PESIGAN
Executive Director

College

School: Bulacan State University
Address: San Jose Del Monte City
Year: 2006-2010

ACHIEVEMENTS:

- ❖ Grade 1 – Top 5
 - ❖ Major Lieutenant in ROTC
-

SKILLS:

- ❖ Microsoft Excel
 - ❖ Microsoft PowerPoint
 - ❖ Microsoft Access
 - ❖ Adobe Photoshop 7.0
 - ❖ Adobe Photoshop CS3
 - ❖ Macromedia Flash 6.0 (Animation)
-

INTEREST and ACTIVITIES:

- ❖ Playing Tennis
 - ❖ Dancing
 - ❖ Singing
 - ❖ Playing Volleyball
 - ❖ Playing Chess
 - ❖ Reading Books
 - ❖ Typing in Computer
-

CONTACT PERSONS:

Professor :Engr. Mary Grace Hermogenes
Contact #: 09062681298

Father: Rolando Torres
Contact #: 09179292919

Land Transportation Office
East Avenue, Quezon City

presents this

Certificate of Completion

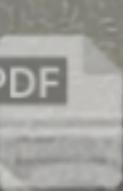
to

MARY J. TORRES

BULACAN STATE UNIVERSITY

for having satisfactorily completed Four Hundred (400) hours
On-the-Job Training at the Supply Unit Property Section,
for the period November 13, 2009 to February 2, 2010.

Given this 8th day of February 2010 at the Land Transportation Office
East Avenue, Quezon City.



Scanned with

Bella A. San Pedro
BELLA A. SAN PEDRO
Chief, Personnel Section

02/07/10



BULACAN STATE UNIVERSITY

Sarmiento Campus

City of San Jose Del Monte, Bulacan

On-The-Job Training Program Performance Evaluation Report

Student Trainee: Torres, Manilyn J. Age: 20 Sex: F
Course: BSC INFORMATION TECHNOLOGY Major: IT
Name of Firm: Land Transportation Office Address: East Avenue Q.C.
No. of Training Hrs. Required: _____ Total Hrs. Rendered: 400 hours
Job Assigned: _____
Training Period: From: November 13, 2009 To: February 02, 2010

Signature

CRITERIA	Max rating to be given	RATING
1. Quality of work (thoroughness, accuracy, neatness and effectiveness)	20%	<u>19 1/2</u>
2. Quantity of work (able to complete work in allotted time)	20%	<u>19 1/2</u>
3. Dependability, reliability, and resourcefulness (ability to work with min. amount of Supervision)	10%	<u>10%</u>
4. Judgement (sound decisions, ability to identify and evaluate pertinent factors)	10%	<u>9 1/2</u>
5. Cooperation (works well with everyone, good team work)	10%	<u>10%</u>
6. Attendance (regularity and punctuality in office attendance and proper observation of break period)	10%	<u>9 1/2</u>
7. Personality (personal grooming and pleasant disposition)	10%	<u>10%</u>
8. Safety (awareness of safety practices)	10%	<u>9 1/2</u>
TOTAL RATING		<u>90%</u>

Recommendation for the trainer's future growth:

Continue exploring things that would contribute to the improvement of your performance.

Evaluated by:

Nellie A. Francisco

Name and Signature

NELLIE A. FRANCISCO

STOREKEEPER II

Designation

Noted by:

Victoria D. Briones

Name and Signature

VICTORIA D. BRIONES

Chief, Supply Unit

Designation



FIRST TO FIFTEENTH

THIS SIDE FRONT

NOVEMBER

No. _____

(Province or City)

Office hours { Regular days
Saturdays _____

2009

(Office)

(Month)

SIXTEENTH TO THIRTY-FIRST

THIS SIDE BACK

PROVINCIAL FORM NO. 185

No. _____ (Province or City) _____

Office hours { Regular days _____
Saturdays _____

(Office)

(Month)

	MORNING		NOON		NOON		NIGHT		EXTRA		EXTRA	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1							16	8:00	11:00	1:00	5:00	Off.
2							17	9:00	12:00	1:00	5:00	Off.
3							18	8:00	12:00	1:00	5:00	Off.
4							19	8:00	11:00	1:00	5:00	Off.
5							20	8:00	11:00	1:00	5:00	Off.
6							21					
7							22					
8							23	8:00	12:00	1:00	5:00	Off.
9							24	8:00	12:00	1:00	5:00	Off.
10							25	8:00	12:00	1:00	5:00	Off.
11							26	8:00	11:00	1:00	5:00	Off.
12							27	8:00	11:00	1:00	6:00	Off.
13	8:00	12:00	1:00	5:00	Off.		28					
14							29					
15							30					
							31					

Verified and found correct as to the prescribed
office hours.

ABSENCES AND UNDERTIME

I HEREBY CERTIFY upon my honor that the entries on this time record, which were made daily at the time of arrival at and departure from Office, are a true and correct report of the hours of work performed.

Torres, MANILYN J.

(Employee)

In Charge



FIRST TO FIFTEENTH

THIS SIDE FRONT

December

(Province or City)

Office hours { Regular days
Saturdays

'09

(Office)

(Month)

	MORNING IN	NOON OUT	NOON IN	NIGHT OUT	EXTRA IN	EXTRA OUT
1	8:11	11:11	1:11	4:11	Q/H.	
2	8:11	11:11	1:11	4:11	Q/H.	
3	8:11	11:11	1:11	4:11	Q/H.	
4	8:11	11:11	1:11	4:11	Q/H.	
5						
6						
7	8:00	11:00	1:00	4:00	Q/H.	
8	8:00	11:00	1:00	4:00	Q/H.	
9	8:00	11:00	1:00	4:00	Q/H.	
10	8:00	11:00	1:00	4:00	Q/H.	
11	8:00	11:00	1:00	4:00	Q/H.	
12						
13						
14	8:00	11:00	1:00	4:00	Q/H.	
15	8:00	11:00	1:00	4:00	Q/H.	

ABSENCES AND UNDERTIME

I hereby swear upon my honor that the entries on this time record, which were made daily at the time of arrival at and departure from Office, are a true and correct report of the hours of work performed.

TORRES, MONILYN J.

(Employee)

SIXTEENTH TO THIRTY-FIRST

THIS SIDE BACK

Provincial Form No. 103

No. _____ (Province or City)

Office hours { Regular days
Saturdays

(Office) (Month)

	MORNING IN	NOON OUT	NOON IN	NIGHT OUT	EXTRA IN	EXTRA OUT
16	8:11	11:11	1:11	4:11	Q/H.	
17	8:11	11:11	1:11	4:11	Q/H.	
18	8:11	11:11	1:11	4:11	Q/H.	
19						
20						
21	8:00	11:00	1:00	4:00	Q/H.	
22	8:00	11:00	1:00	4:00	Q/H.	
23	8:00	11:00	1:00	4:00	Q/H.	
24						
25						
26						
27						
28						
29						
30						
31						

Verified and found correct as to the prescribed office hours.

In Charge



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FIRST TO FIFTEENTH JANUARY

No. _____

Office hours { Regular days
Saturdays

Provincial or
2019

Date	(Month)					
	IN	OUT	IN	OUT	IN	OUT
1						
2						
3						
4	8:00	12:00	1:00	5:00	8:00	
5	8:00	12:00	1:00	5:00	8:00	
6	8:00	12:00	1:00	5:00	8:00	
7	8:00	12:00	1:00	5:00	8:00	
8	8:00	12:00	1:00	5:00	8:00	
9						
10	/					
11	8:00	12:00	1:00	5:00	8:00	
12	8:00	12:00	1:00	5:00	8:00	
13	8:00	12:00	1:00	5:00	8:00	
14	8:00	12:00	1:00	5:00	8:00	
15	8:00	12:00	1:00	5:00	8:00	

ABSENCES AND VACANCES

I solemnly swear upon my honor that the entries on this time record, which were made daily at the times of arrival and departure from Office, are a true and correct report of the hours of work performed.

James, Marcelline J.

(Employer)

SIXTEENTH TO THIRTY-FIRST THIS SIDE BACK

PROVINCIAL FORM No. 185

No. _____ (Province or City)

Office hours { Regular days {
Saturdays _____

(Office) _____ (Month) _____

	MORNING	NOON	NOON	NIGHT	EXTRA	EXTRA
	IN	OUT	IN	OUT	IN	OUT
16						
17						
18	8:00	12:00	1:00	5:00	8:00	
19	8:00	12:00	1:00	5:00	8:00	
20	8:00	12:00	1:00	5:00	8:00	
21	8:00	12:00	1:00	5:00	8:00	
22	8:00	12:00	1:00	5:00	8:00	
23						
24						
25	8:00	12:00	1:00	5:00	8:00	
26	8:00	12:00	1:00	5:00	8:00	
27	8:00	12:00	1:00	5:00	8:00	
28	8:00	12:00	1:00	5:00	8:00	
29	8:00	12:00	1:00	5:00	8:00	
30						
31						

Verified and found correct as to the prescribed office hours

In Charge



Scanned with
MOBILE SCANNER

FIRST TO FIFTEENTH

THIS SIDE FRONT

PRINCIPAL P. O.
N.Y.

Feb.

(Province or City)

Office hours { Regular days
{ Saturdays

2000

(Office)

(Month)

	MORNING IN	NOON OUT	NOON IN	NIGHT OUT	EXTRA IN	EXTRA OUT
1	8:W	12:W	1:W	5:W	8:W	8:W
2	8:W	12:W	1:W	5:W	8:W	8:W
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

ABSENCES AND UNDERTIME

I HEREBY CERTIFY upon my honor that the entries on this time record, which were made daily at the time of arrival at and departure from Office, are a true and correct report of the hours of work performed.

TOMES, MARYLYN V.

(Employee)



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Republic of the Philippines
Bulacan State University
SARMIENTO CAMPUS
City of San Jose del Monte Bulacan
Tel. / Fax 044-691-63-67



November 13, 2009

Ms. Bella A. San Pedro
Chief Personnel Section
LTO, East Ave. Q.C.

Sir/Madam:

In pursuance with the University's objective to upgrade the skills of its Information Technology students, the undersigned request your good office that the students be accommodated for their ON-THE-JOB TRAINING in your establishment.

As a major requirement of the course, they are to undergo training for **400 hours** during the Second Semester of the School Year 2009-2010. All pertinent records shall be submitted to your good office at the commencement of their training.

The undersigned wishes to take this opportunity to extend sincere appreciation for your kind support on the In-Plant-Training Program of the University.

Very truly yours,

DR. MARIANO C. DE JESUS
University President

By:

[Signature]
ENGR. RICHARD F. STA. MARIA
OJT Coordinator





Republic of the Philippines
BULACAN STATE UNIVERSITY
SARMIENTO CAMPUS
City of San Jose del Monte, Bulacan

C E R T I F I C A T I O N

To whom it may concern:

This is to certify that as per record of this office,
MARYLIN TOKRES has never been a subject of disciplinary action
for misbehavior or any violation of the university rules and regulations.

This certification is issued upon request of the person concerned for all
legal intents and purposes.

Given this Nov 10 2009 at BulSU – Sarmiento Campus, City
of San Jose Del Monte, Bulacan

A handwritten signature in black ink, appearing to read "ZJ-B".

ENGR. ZENAIDA J. BUENDIA
Director



Republic of the Philippines
Municipality of Norzagaray
Province of Bulacan

BARANGAY MINUYAN
BARANGAY

OR #: _____ - 000 - Serial #: _____

BARANGAY CLEARANCE

NAME: ALMILYN J. TORRES Age: 20 yrs old
DATE: November 12 2009 (First Name) (Middle Name) (Surname)
ADDRESS: #1908 Marlane Subd, Brgy Min. Norz. Bul. PLACE OF BIRTH: _____

Jaymee
SIGNATURE OF APPLICANT

Community Tax No. _____
Issued at : _____
Issued on: _____

FINDINGS

" NO CRIMINAL CASE ON FILE "

CERTIFICATION

This is to certify that the above named-person whose signature appears above had undergone the identification process of this office and the result of which are listed above.

This certification is issued in connection with his/her application for _____
Issued this 12th day of November, 2009 or for whatever legal purpose it may serve.
at Minuyan, Norzagaray, Bulacan.

JERRY M. CENAL
Barangay Captain

MARTIN B. DELA MERCED
Barangay Secretary

