



## WORK Immersion

Marketing Management (Initao College)



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**MINDANAO MISSION ACADEMY**  
OF SEVENTH-DAY ADVENTISTS, INC.  
Poblacion, Manticao, Misamis Oriental  
9024 Philippines

# WORK IMMERSION PORTFOLIO

*(based on DepEd Order No. 30 s. 2017)*

This belongs to:

JYPRIL B. TERRADO

Work Immersion Teacher

ARJHEL M. SAYSON, LPT

Track / Strand / Section

HUMSS 12 - AZURITE

Agency / Company / Cooperative

LGU LUGAIT- ENGINEERING DEPARTMENT

School Year

2023-2024

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# PREFACE

## Rationale

This Work Immersion Portfolio will serve as a workbook for the students who will take up the course/subject Work Immersion in Senior High School. The framework is based on DepEd Order No. 30 s. 2017, entitled Guidelines for Work Immersion.

This workbook will essentially foster in-depth learning of the world of work and assessment of student's performance during work immersion.

Furthermore, the purpose of this portfolio includes but is not limited to the following:

### For Student-Trainees:

- The portfolio will be used as a source of motivation and guide for work immersion.
- This will serve as a documentation and approval of lessons learned.
- This will provide feedback of their performance level.
- This will pave the way in preparation for real job application.

### School:

- This contains regulations and conditions regarding contract between school and student.
- This is an information about curriculum and record of lessons learned.
- This is a record of student-trainees performance for assessment.

### Agency / Company:

- This contains introduction of company in general.
- This enumerates training rules and regulations for training inside the agency/company.
- This provides feedback to and from student-trainees.

# WORK IMMERSION

**Grade:** 12

**No. of Hours:** 80 hours

**Pre-requisite:** Should have taken at least 4 Specialized Subjects

**Course Description:**

Work Immersion is one of the course requirements for graduation. A Senior High School student has to undergo Work Immersion in an industry that directly relates to the student's postsecondary goal. Through Work Immersion, the students are exposed to and become familiar with work-related environment related to their field of specialization to enhance their competence. Specifically, the students are able to: (i) gain relevant and practical industrial skills under the guidance of industry experts and workers; (ii) appreciate the importance and application of the principles and theories taught in school; (iii) enhance their technical knowledge and skills; (iv) enrich their skills in communications and human relations; (v) develop good working habits, attitudes, appreciation, and respect for work. These prepare them to meet the needs and challenges of employment or higher education after graduation.

**Duties and Responsibilities of the Learner**

In this course, the learners are expected to:

1. Attend Pre and Post Immersion Activities;
2. Report to the Work Immersion Partner Institution Supervisor during actual immersion;
3. Perform the duties and tasks as indicated in the prescribed template for work immersion list of tasks/activities; and
4. Prepare the documentations and reports required in the curriculum and by the Partner Institution.

**Assessment**

The Work Immersion Teacher and the Work Immersion Partner Institution Supervisor will jointly assess the learner's performance following the DepEd Order No. 8, s. 2015 Policy Guidelines on Classroom Assessment for the K to 12 Basic Education Program.

# Statement of Originality

I hereby affirm that the work showcased in this portfolio, documenting my work immersion experience, is entirely original and has been completed solely by me, unless otherwise indicated. I take immense pride in the authenticity and integrity of my contributions.

Throughout my work immersion, I have consistently upheld the highest standards of academic honesty and integrity. I have meticulously cited and acknowledged any references or sources used, ensuring that proper credit is given to the original authors and creators. I have not engaged in any form of plagiarism or academic dishonesty in the creation of this portfolio.

The ideas, thoughts, and insights presented within this portfolio are a product of my observations, experiences, and reflections during my work immersion experience. They reflect my unique perspective and demonstrate the depth of my understanding and growth throughout this immersive learning journey.

I assume complete responsibility for the accuracy and authenticity of the information presented in this portfolio. I have diligently followed all the guidelines and requirements set forth by my educational institution and the organization where I undertook my work immersion.

JYPRIL B. TERRADO

*Signature over Printed Name*

*Date*

## Work Philosophy

As an Architect committed to sustainability, my philosophy revolves around creating spaces that harmonize with their environment, minimize resource consumption, and prioritize long-term ecological resilience. I believe in integrating renewable energy systems, utilizing eco-friendly materials, and designing with a deep understanding of local ecosystems to foster sustainable development while enriching human experience.



## **MINDANAO MISSION ACADEMY**

### **Ideals**

#### **Philosophy**

Mindanao Mission Academy believes in the holistic development that a student may be fit for useful life.

#### **Mission**

Nurturing students to think and to act with compassion and competence, thereby blessing humanity.

#### **Vision**

Well-balanced education in an Adventist setting.

#### **Goals**

1. Train and prepare students for higher course of learning.
2. Assist students to learn and demonstrate love for God and love for man.
3. Provide a wholesome environment relevant to lifelong learning experience.



## **MINDANAO MISSION ACADEMY School Song**

### **Dear MMA**

Words by Marie Ecano Bingcang  
Music by Elizabeth Taala

Between the sea and mountains blue,  
Where nature smiles from day to day,  
We find a school that's sure to grow,  
Our own dear school, our MMA.

Where flowers bloom and dear friends come,  
To banish gloom and make life gay,  
We find a school that we call home,  
We love you so dear MMA.

We'll sing thy praises everywhere,  
And talk about thee, MMA,  
We'll work and hope  
And raise our prayer  
For thee, our own, dear MMA!

# STUDENT INFORMATION SHEET

Name: Jyprill B. Terrado

Date of Birth: January 4, 2006

Place of Birth: Punta Silum Manticao Misamis Oriental

Parent's / Guardian's Name: Aprily Balabat Terrado

Postal Address: Purok 2, Punta Silum, Manticao Misamis Oriental

E-mail Address: jyprillterrado@gmail.com

Cellphone Number: 09702688714

Religion: Roman Catholic

Health Issues / Allergies: Non

Hobbies / Past Time Activities: Playing basketball, volleyball

and billiard

Skills / Talents: Writing

Extra-curricular Activities in School: Participated in school activities

Support group / home companions: Family and friends only

List your favorites: Writing, drawing and reading

One word or object that describes yourself: Artsy

How do you feel about school? I love school. It's a place where I not only gain knowledge but also build friendships, develop skills, and explore my interests.

What is your most memorable subject / class? Why? Science is my most memorable subject. Its hands-on experiments and the thrill of discovery always captivate me. Plus, understanding how the world works on a fundamental level is endlessly fascinating.

What are your plans after Senior High School? My plans after senior high school involve pursuing higher education in college to further my academic and professional development.

What is your career path? I aspire to become an architect. The idea of creating spaces that inspire and fulfill practical needs resonates deeply with me.

What is your philosophy in life? "Strive for success." I believe that with dedication, perseverance, and a positive mindset, one can achieve their goals and make a meaningful impact on the world.

Do you have plans to go abroad? If yes, where and why? No, because my current focus is on pursuing my academic and career goals locally. However, I remain open to opportunities that may arise in the future.

What are your dreams and ambitions? My dream is to be successful and live the life I've always wanted, filled with creativity, fulfillment, and meaningful connections.

How do you plan to achieve your ambitions and goals in life? I plan to achieve my ambitions by striving for success in everything I do, continuously learning and growing, seeking mentorship, and staying focused on my objectives.

What are your expectations and apprehensions for work immersion? I believe that work immersion will provide me with invaluable opportunities to enhance my skills, gain practical experience, and be better prepared for my future career.

*Insert 2 x 2 Picture*



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
Region X – Northern Mindanao  
**DIVISION OF MISAMIS ORIENTAL**



**Mindanao Mission Academy  
of Seventh-Day Adventists, Inc.**

## **REQUEST FOR WORK IMMERSION**

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Sir / Madam:

This is to request permission from your good office to please allow \_\_\_\_\_ a Senior High School - Grade 12 student, to undergo an **80 hours** of **WORK IMMERSION** in your company/agency to acquire industrial **ORIENTATION**. The training period will start immediately upon your acceptance of the bearer under the terms and conditions as stipulated in the duly accomplished memorandum of agreement hereto attached for your confirmation.

Moreover, a student evaluation is provided where a student is to be assessed on his/her performance, attitude and behavior to be attested by the supervisor. The Immersion Teacher from our school will visit your establishment from time to time to find out how the student perform in the working area.

Thank you very much for your usual cooperation and assistance extended to the school.

## **ENDORSEMENT LETTER**

Sir / Madame:

This is to introduce, \_\_\_\_\_, who is a grade 12 Senior High School student enrolled in our school under the K to 12 program with Strand in \_\_\_\_\_, and to further endorse (his/her) application with your company to undergo **WORK IMMERSION** for 80 hours as a requirement of the curriculum for graduation. We believe that schools must link up with industry in order to update, upgrade and make the education of our 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. Together with this letter is an Acceptance Form.

We request that said form be accomplished and returned to this office upon acceptance of our student in 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,

Arjhel M. Sayson, LPT  
Work Immersion Teacher-HUMSS

Noted:

Jeonnefer L. Blanza, JD.  
School Principal



**MINDANAO MISSION ACADEMY**  
Manticao, Misamis Oriental  
*"The school the offers something better"*

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## **MEMORANDUM OF AGREEMENT FOR WORK IMMERSION PARTNERSHIP**

This Memorandum of Agreement is entered into this January 23, 2024 in Manticao, by and between:

The MINDANAO MISSION ACADEMY, with School Identification Number 405164 a private high school, with an address at Purok 15, Poblacion, Manticao Misamis Oriental, represented in this Agreement by its Principal, Jeonnefer L. Blanza, JD, Filipino, of legal age, and hereinafter referred to the SCHOOL;

-and-

The **LGU LUGAIT- ENGINEERING DEPARTMENT**, located at Puerto Princesa, province of Palawan, of the Republic of the Philippines with principal address at Junction III, San Pedro, Puerto Princesa, Palawan, and represented in this agreement by its **President, Marijoe S. Pialago, MBA**, Filipino, of legal age, and hereinafter referred to as the LGU LUGAIT- ENGINEERING DEPARTMENT.

### **WITNESSETH:**

**WHEREAS**, the Department of Education of the Philippines, hereinafter referred to as "DepEd", is the primary government instrumentally mandated to formulate, implement and coordinate policies, plans, programs, and projects in the areas of formal and nonformal basic educational supervise all elementary and secondary education institutions including alternative learning systems, both public and private; and provide for the establishments and maintenance of a complete, adequate, and integrated system of basic education relevant to the goals of national development;

**WHEREAS**, DepEd has introduces the K to 12 basic education reform program that includes Senior High School. Hereinafter referred to as "SHS", with the major objective of ensuring that graduates of basic education are ready for employment, entrepreneurship and higher learning;

**WHEREAS**, the SHS curriculum can be customized at the local levels to take into consideration the needs of local industries and the labor market;

**WHEREAS**, DepEd believes that for the effective delivery of SHS instruction, there is a need for school-industry partnership that will provide the school the necessary expertise and venue for practical, on-the-job, enterprise-based training for SHS learners;

**WHEREAS**, DepEd will start full implementation of SHS in School Year 2016-2017;

**WHEREAS**, the SCHOOL is among those that will offer SHS students in the community to carry out DepEd's objectives for SHS as spelled out above;

**WHEREAS**, to achieve this objective, the SCHOOL needs to enter into a Work Immersion partnership with the LGU LUGAIT- ENGINEERING DEPARTMENT;

**WHEREAS**, the LGU LUGAIT- ENGINEERING DEPARTMENT operates in the area where the School is

located and has offices, facilitates project sites, expertise that make it available to the School for purpose of student work immersion;

**WHEREAS**, the LGU LUGAIT- ENGINEERING DEPARTMENT considers going into a work immersion partnership with the School as part of its mission to create a positive impact on the community, especially the young people;

**WHEREAS**, the institutionalization and implementation of the K-12 program is among the priority programs of the Government for promoting inclusive growth;

**WHEREAS**, the LGU LUGAIT- ENGINEERING DEPARTMENT is encourage to to fully support the successful implementation of the K to 12 Program of the Department of Education as stated in Paragraph 4, Section 2 of the Republic Act 9144 or “Governance of Basic Education of 2001.”

**WHEREAS**, the LGU LUGAIT- ENGINEERING DEPARTMENT recognizes the need for a work immersion environment that is safe for the students and teachers, and conducive to learning, and the the capability to provide these;

**WHEREAS**, the School and the LGU LUGAIT- ENGINEERING DEPARTMENT, here in after collectively referred to as “PARTIES”, undertake to collaborate toward the successful implementation of SHS in the Philippines. cognizant of the need special protection of the child and with the best interest of the SHS leaner at heart;

**NOW THEREFORE**, for and in consideration of the foregoing premises, the PARTIES hereby agree as follows:

#### **DESCRIPTION OF THE WORK IMMERSION PROGRAM**

WITH THE PASSAGE OF THE Enhanced Basic Education Act of 2013 or Republic act 10533, DepEd was tasked yo implement the K to 12 Program, essentially adding two (2) years of specialization within the basic educational system;

DepEd designed the implementation of RA 10533 within the framework of increased community involvement in the learner’s experience;

With this premise, DepEd offers venues of various stakeholders to participate in the implementation of RA 10533 and, the same offer, accepted by the PARTIES herein;

The Work Immersion Program is one if the course requirements for graduation. A SHS student has to undergo work immersion in a business organization or establishments with work requirements related to the specialization. Through work immersion, the students are exposed to and are familiarized with the work-related environment related to their field of specialization. Specifically, the students are able to:

1. Appreciates the importance and application of the principals and theories learned in school.
2. Enhance their technical knowledge and skills.
3. Enrich their skills in communication and human relations.
4. Develop good work habits, attitudes, appreciation and respect for work.

## **I. OBJECTIVES OF THE WORK IMMERSION PARTNERSHIP**

The Work Immersion Partnership has the following objectives:

1. To supplement the formal curriculum of the SHS program with special inputs coming from the LGU LUGAIT- ENGINEERING DEPARTMENT experts and practitioners in order to align the SHS program with work standards.
2. To develop the students of the SHS program with special inputs coming from the LGU LUGAIT- ENGINEERING DEPARTMENT experts and practitioners in order to align the SHS program with work standards.
3. To provide SHS students relevant learning experiences by exposing them to the actual workplace setting.
4. To form Work Immersion Partnership between SCHOOL and the LGU LUGAIT- ENGINEERING DEPARTMENT, allowing the students, faculty, and staff of the schools concerned the use of and access to the LGU LUGAIT- ENGINEERING DEPARTMENT workplace and equipment as part of their Work Immersion Program.

## **II. RESPONSIBILITIES OF THE PARTIES**

### **A. Joint Responsibilities**

Both the SCHOOL and the LGU LUGAIT- ENGINEERING DEPARTMENT shall:

1. Create a joint working group that will prepare the action plan to operationalize the partnership.
2. Form a joint steering committee to monitor the progress of the partnership and to make sure that the provision of this Memorandum of Agreement (MOA) are met.
3. Adhere to all laws, memorandums, circulars especially those pertaining to child protection as provided for in the Guidelines for Work Immersion (Guidelines)
4. Develop the student's Work Immersion module specifying goals and objectives, desired outcomes of the program and how these outcomes will be achieved, also noting the specific knowledge, skills, attitudes, and competencies that the students should acquire after completing the program. (See Annex A and Annex C of the Guidelines).
5. Develop the student's Work Immersion Daily Schedule of Activities that will be followed by the students during the whole duration of the work immersion in the LGU LUGAIT- ENGINEERING DEPARTMENT. (See Annex C of the Guidelines).
6. Formulate local school work immersion policies and guidelines on selection, placement, monitoring and assessment of students (immersion participants to ensure that each student is assigned to an immersion partner matched to his/her desired track, qualifications and aptitude.

## **B. Responsibilities of the SCHOOL**

The School shall:

1. Identify and indicate the SHS track/s, strand/s and or specialization that will be the subject of the partnership.
2. Make the needed adjustments to contextualize the SHS subjects based on inputs from the LGU LUGAIT- ENGINEERING DEPARTMENT.
3. Designate a person in charge of coordinating with the LGU LUGAIT- ENGINEERING DEPARTMENT and supervising the activities of the students for the duration of the Work Immersion Program.
4. Provide insurance coverage for the learners during the Work Immersion program.
5. Continue to exercise its Special Parental Authority under the family Code over the SHS student under immersion in the premises of the partner.
6. Monitor each student's progress throughout the duration of the entire Work Immersion program so as to make sure that the tasks assigned to each student are meaningful, challenging, and applicable to his/her particular programs and are able to maximize the quality of the learning experience.
7. Provide the LGU LUGAIT- ENGINEERING DEPARTMENT evaluation too for the student's immersion performance.
8. Issue a final grade to the student upon completion of the requirements within a prescribed period.
9. Ensure that the student will adhere to the nondisclosure policies of the Municipality of Manticao, Misamis Oriental as agreed by the school.
10. Provide signed Consent form for the parents a applicable.
11. Provide the LGU LUGAIT- ENGINEERING DEPARTMENT a Certificate of Appreciation in the SHS Program for whatever purpose it may serve.

Execute a deed of Acceptance as a way of recognizing and acknowledging the donation/s received from the LGU LUGAIT- ENGINEERING DEPARTMENT.

### **C. The LGU LUGAIT- ENGINEERING DEPARTMENT shall:**

1. Assign a competent Immersion Coordinator from the LGU LUGAIT- ENGINEERING DEPARTMENT to liaise with the School and supervise the students without prejudice to the special parental authority of the school, its administrators and teachers for the duration of the work immersion program so as to ensure efficient implementation of all stages of the program.
2. Provide inputs into the curriculum through the discussion or workshops that DepEd will organize.
3. Lend its expertise by making available its resident resource person to provide training to the students.

1. Allow the students to be developed to the different sections/departments/project sites of the LGU LUGAIT- ENGINEERING DEPARTMENT based on the Work Immersion Daily Schedule of Activities.
2. Agree to the required number of 72 hours with 8 hours a day of the immersion program set under the DepEd SHS curriculum. (See Annex A of the Guidelines)
3. Provide immersion opportunities for HUMMS, STEM, & ABM Work Immersion students to be assigned in different areas of work where they can practice and apply the theory they learned from school for School Year 2019-2020.
4. Provide with an orientation about the LGU LUGAIT- ENGINEERING DEPARTMENT, the job as well as expose them to the various stakeholders of the community in which it operates for the students to get a holistic understanding of the LGU LUGAIT- ENGINEERING DEPARTMENT.
5. Similarly, ensure that the students undergo training related to their course, provide the students with work or activities based on the activities listed in the prescribed template for the Immersion Program of Activities. (Annex C of the Guidelines)
6. Make its workplace and facilities available to students and teachers, shall similarly take all necessary action to ensure the safety of the students within their area of operation at all times, which shall include, but shall not be limited to, the provision for Personal Protective Equipment (PPE's), if applicable. Ensure that the students will not be exposed to hazardous materials and working environment throughout the duration of the immersion.
7. Evaluate student's performance in the immersion venue by accomplishing provided evaluation tool.
8. Issue a Certificate of Completion to the student's trainees upon satisfactorily compliance with all requirements of the program.
9. Execute a deed of donation in favor of DepEd of the completed Work Immersion Partnership.

### III. EFFECTIVITY

This agreement shall hold for the duration of the First Semester of 2019-2020 Academic School Year and is renewable every year. The LGU LUGAIT- ENGINEERING DEPARTMENT and the SCHOOL shall submit their intention for renewal of this agreement through formal notice within thirty (30) days before the expiration of this Agreement.

The LGU LUGAIT- ENGINEERING DEPARTMENT and the SCHOOL reserve their respective rights to terminate their participation in the agreement after the duration of this Agreement through formal written notice within thirty (30) days before the effectivity of the termination. Both parties shall turnover all deliverables agree thereto in the Work Immersion Program. Termination shall be subject to the mutual agreement between parties.

A material breach of the Work Immersion Guidelines and/or this MOA shall constitute a ground for termination of the MOA, on whole or in part, by the aggrieved party, without prejudice to other legal remedies.

#### **IV. LIABILITY**

The School, its administrators, and teachers exercising authority and supervision over the Senior High School Students undergoing immersion in the premises of the partner may be held accountable for the student's acts.

Each party shall answer for losses damages arising from any accident, act, or omission directly attribute to its fault or negligence, which may cause the death or bodily injury to any persons, or loss or damage to property, by or on account of the performance of the respective obligations by the parties pursuant to this Agreement. Such responsibility shall continue to remain that of the responsible party's even after the termination of this agreement, if such losses and damages were incurred during the effectivity of this agreement.

DepEd shall not be liable for opportunity losses of the LGU LUGAIT- ENGINEERING DEPARTMENT during the duration and after the termination of this Agreement.

#### **V. NONDISCLOSURE PROVISION**

It is expressly understood by the DepEd and the students that all information on technology, manufacturing process, process standards, quality assurance methodologies, quality standards, production capabilities, raw material purchasing, marketing, finance, and all other related documents, manuals, operational, technical matters that the LGU LUGAIT- ENGINEERING DEPARTMENT shall make available to them shall be used for the sole purpose of student training. All of these matters are classified as confidential in nature and proprietary to the LGU LUGAIT- ENGINEERING DEPARTMENT and thereby each student hereby undertakes to prevent transfer of such information by any of its members to any party outside of the LGU LUGAIT- ENGINEERING DEPARTMENT.

#### **VI. OWNERSHIP OF OUTPUT AND INTELLECTUAL PROPERTY**

Intellectual properties developed by the students as part of his or her regular Work Immersion duties in the LGU LUGAIT- ENGINEERING DEPARTMENT and their corresponding copyrights and/or patents shall belong to the LGU LUGAIT- ENGINEERING DEPARTMENT.

Intellectual properties developed by the students outside his or her regular Work Immersion duties in the LGU LUGAIT- ENGINEERING DEPARTMENT and their corresponding copyrights/or patents shall belong to the student, even if the student used the time, facilities, materials of the LGU LUGAIT- ENGINEERING DEPARTMENT, unless otherwise stipulated in a separate agreement between the student and his or her parent or guardian and the LGU LUGAIT- ENGINEERING DEPARTMENT.

The above provision shall apply in proportion to the intellectual properties developed by the student in case intellectual property is jointly developed by the student with an employee or personnel of ENGINEERING OFFICE AT MUNICIPALITY OF LUGAIT, unless otherwise stipulated in a separate agreement between the student and his or her parent or guardian and the ENGINEERING OFFICE AT MUNICIPALITY OF LUGAIT.

#### **VII. OTHER PROVISION**

It is expressly understood by the PARTIES that the LGU LUGAIT- ENGINEERING DEPARTMENT is not obliged to pay wage or salary since no employer-employee relationship exist between them. However, the LGU LUGAIT- ENGINEERING DEPARTMENT is not precluded from providing the student with any monetary or financial assistance in the form of transportation fee, food allowance, etc.

In determining the existence of an employer-employee relationship, the following elements are considered: (1) the power to hire; (2) the payment of wages; (3) the power of dismiss; and (4) the power to control the employee's conduct, with the control test generally assuming primacy in the overall consideration.

No employee-employer relationship exists between the student and the partner in Work Immersion if all the following criteria are met:

1. The training even though it includes actual operation of the employer's facilities, is similar to training provided in an educational program.
2. The training is for the benefit of the student.
3. The students do not displace regular employees, and works under close supervision.
4. The students are not entitled to a job at the conclusion of the training period and are free to take jobs elsewhere in the same field.
5. Any clinical training is performed under the supervision and direction of people who are knowledgeable and experienced in the activity.
6. The training is general, and qualifies the student to work in any similar business. It is not designed specifically for a job with the employers that offer the program.
7. The screening process for the Immersion program is not the same as that for employment, and does not appear to be that purpose. The screening only uses criteria relevant for admission to an independent educational program.
8. Advertisement, posting, or solicitations for the program clearly discuss education or training, rather than employment, although employers may indicate that qualified graduates may consider for employment.

Signed

JEONNEFER L. BLANZA, JD.  
PRINCIPAL

April 26, 2024

WITNESSETH BY:

Signed

MARIJOE S. PIALAGO, MBA  
PRESIDENT

April 26, 2024

## **PRE- IMMERSION**

### **Introduction**

Before we immerse into the workplace we will first understand the immersion process, proper work ethics, workplace safety, confidentiality, and effective conflict resolution and teamwork skills, as agreed in the DepEd Order No. 30 s. 2017. Also, we need to hone our skills in writing a resume, filling of application forms, and complying requirements.

### **Learner's Activity**

1. Attends the pre-immersion orientation
2. As one to join the workforce in the future, you will need to do, prepare and secure the following:
  - Resume
  - Essay on how to conduct oneself inside the company establishment during the immersion period
  - Application letter
  - Clearance documents such as
    - ✓ Medical certificate
    - ✓ Barangay Clearance
    - ✓ Police Clearance
    - ✓ Mayor's Clearance
  - Certificates for required trainings and seminars
  - Job Interview Skills Training

You will also prepare and accomplish own portfolio and update it from time to time because at the end of the work immersion you will need to present this portfolio. Make sure to attach needed documents, answer reflection leaf and paste pictures. Happy working!

## ACTIVITY 1 | Letter of Intent with Student's Basic Information

NAME (Last Name, First, Middle Name) Terrado, Jyprill Balabat  
Birthday: January 4, 2006 Age: 17 Gender: Male Contact No. 09702688714  
Birthplace: Punta Silum Manticao Misamis Oriental  
Present Address: Purok 2, Punta Silum  
Parents/Guardian's Name: Aprily Balabat Terrado  
Complete Address: Purok 2, Punta Silum, Manticao Misamis Oriental  
Parents/Guardians Contact No.: 09702688714  
Personal Philosophy:

"Strive for success." I believe that with dedication, perseverance, and a positive mindset, one can achieve their goals and make a meaningful impact on the world.

Future Career/College Course: \_\_\_\_\_

Preferred Work Immersion Area: \_\_\_\_\_

Write an application letter for Work Immersion Class.

\_\_\_\_\_  
Signature Over Printed Name:

## ACTIVITY 2 | Do's and Don'ts

After the pre-immersion orientation, list the Do's and Don'ts employed in the workplace you are assigned.

| DO's                                    | DON'Ts                                                          |
|-----------------------------------------|-----------------------------------------------------------------|
| 1.Be punctual.                          | Don't be late.                                                  |
| 2.Practice basic courtesy.              | Don't refuse tasks.                                             |
| 3.Try to avoid saying "No" to tasks.    | Don't dress inappropriately.                                    |
| 4.Maintain proper hygiene.              | Dpn't leave without proper permission or a valid excuse.        |
| 5.Dress appropriately for the occasion. | Don't treat others as equals; maintain a professional demeanor. |
| 6.Treat everyone with professionalism.  |                                                                 |
| 7.Always be willing to learn.           |                                                                 |
| 8.                                      |                                                                 |
| 9.                                      |                                                                 |
| 10.                                     |                                                                 |
| 11.                                     |                                                                 |
| 12.                                     |                                                                 |
| 13.                                     |                                                                 |
| 14.                                     |                                                                 |
| 15.                                     |                                                                 |

## Reflection

- Do you agree to the company's policy guidelines, rules and agreement? Support your answer.**

Yes, I agree to the company's policy guidelines, rules, and agreement. These policies are put in place to ensure a productive and harmonious work environment. By adhering to them, I contribute to the overall success of the company and maintain professionalism in my work. Additionally, following these guidelines demonstrates my commitment to the company's values and standards.
- Was there a rule that you think is not acceptable to you? Why?**

No, there isn't a rule that I find unacceptable. I believe that every rule has its purpose within the context of the company's operations and culture. However, if I were to encounter a rule that I found challenging or difficult to accept, I would first seek to understand the reasoning behind it. Open communication with management can often lead to clarifications or potential adjustments to policies. If after discussion, I still found the rule to be unreasonable or unjust, I would explore appropriate channels for constructive feedback or resolution, keeping the best interests of the company and its employees in mind.

## ACTIVITY 3 | Situational Analysis

## CONFIDENTIALITY IN THE WORKPLACE

Suppose you work in a police station or a law firm and signed a confidentiality agreement regarding all their cases at hand, suddenly your friend who was a suspect to a crime asked you for some documents that are in your office's possession that may help him in his case. How would you deal with the situation?

As an individual bound by a confidentiality agreement, it is my responsibility to inform my friend that I am unable to provide any information or documents pertaining to cases handled by law enforcement or legal institutions. REPUBLIC ACT NO. 10173 prohibits the sharing of such documents, regardless of whether they originate from the public or private sectors. It is my duty to maintain the confidentiality agreement and safeguard sensitive information from unauthorized disclosure. I would suggest that my friend seek legal guidance and explore appropriate legal channels to obtain any necessary documents or information related to their case.

### ACTIVITY 4 | Conflict Resolution

Did you ever experience disagreement and conflict with co-workers? How did you handle the

situation? How would you rate your skills in handling differences of opinion? Please give an example that illustrates that skill.

Yes, I have experienced conflicts and disagreements with my co-workers in the past. However, I always prioritize open communication, active listening, and finding common ground. I make an effort to understand the perspectives of others and look for constructive solutions that address everyone's concerns.

I am proficient in handling differences of opinion, as evidenced by a recent project where my colleague and I had conflicting ideas regarding the approach to a client presentation. Instead of letting tensions escalate, I initiated a respectful discussion, highlighting the merits of each approach. Through compromise and collaboration, we were able to reach a consensus that not only satisfied both parties but also strengthened our working relationship and improved the outcome of the presentation.

## Activity 5 | Futuristic Resume

*Please attach your resume here.*

[SAMPLE RESUME](#)

## Activity 6 | Application Letter

*Place your application letter here*

## SAMPLE APPLICATION LETTER

**MIKHAEL HOSNI C. SIMBAN**

Zone 4 Taboc, Opol, Misamis Oriental

khaeljibby@gmail.com

Cellphone No. 09756438084

September 12, 2018

**ARTHUR S. NONAME**

*HRD Manager*

Any Kitchen Company

Cagayan de Oro City

Dear Sir,

I would like to apply for the post of Cook which you have advertised in the local news *Pamahaw Espesyal* on August 30, 2018.

I believe I meet all the requirements listed in your advertisement. As a NCII holder in Cookery, Food and Beverage Services, and Bread and Pastry, I have deep knowledge regarding culinary products and services. I understand all aspects of kitchen operations in areas of menu planning, purchasing, kitchen safety, recipe development, food cost analysis, and quality control. I can cook various dishes, including traditional, national, and international cuisines.

For your further consideration, I have good communication skills as well as computer and internet skills. I am a hardworking person, able to work well under pressure as an individual and as a part of a team, creative, detail-oriented, pleasant and convenience in dealing with people.

Thank you very much for your attention. I am looking forward to hear from you soon.

Yours Truly,

**MIKHAEL HOSNI C. SIMBAN**

## GOVERNMENT FORMS AND CLEARANCES

In the Philippines, a range of government forms and clearances are required for legal compliance and administrative purposes, encompassing documents such as the Barangay Clearance, Police

Clearance, National Bureau of Investigation (NBI) Clearance, and the Community Tax Certificate or Cedula. These documents play a crucial role in various transactions, ensuring transparency and accountability within the Philippine bureaucracy. Additionally, essential government agencies like the Social Security System (SSS), Philippine Health Insurance Corporation (PhilHealth), Home Development Mutual Fund (Pag-IBIG), and Bureau of Internal Revenue (BIR) oversee social security, healthcare, housing, and taxation. SSS provides social insurance, while PhilHealth offers health insurance coverage. Pag-IBIG facilitates housing programs, and BIR is responsible for tax collection and compliance. Together, these agencies contribute significantly to the social welfare and economic stability of the country.

### Activity 7 | Barangay Clearance with Cedula

Give the process and fees required for a BARANGAY CLEARANCE. Attach also your BARANGAY CLEARANCE AND THE CEDULA

- I. Steps in securing barangay clearance and cedula
  1. Gather necessary documents.
  2. Visit the Barangay Hall in your area.
  3. Fill out application form provided by the Barangay office.
  4. Submit documents and pay fees.
  5. Await processing and claim your documents.

### II. Attach Barangay Clearance and Cedula

#### SAMPLE BRGY. CLEARANCE

### Activity 8 | Police Clearance

Give the process and fees required for a POLICE CLEARANCE. Attach also your POLICE CLEARANCE.

I. Steps in securing police clearance

1. Gather necessary documents.
2. Visit the Police Station in your area.
3. Fill out application form provided by the Police Station or submit the required documents.
4. Submit documents and pay fees.
5. Await processing and claim your documents.

II. Attach Police Clearance

**SAMPLE POLICE CLEARANCE**

Republic of the Philippines  
**NATIONAL POLICE COMMISSION**  
**PHILIPPINE NATIONAL POLICE**  
Camp BGen Rafael T Crame, Quezon City

**NATIONAL POLICE CLEARANCE**

THIS IS TO CERTIFY that the person whose name, photo, signature and right thumbmark appear herein, has undergone routinary identification and verification of the Crime-Related Records and Identification of National Police Clearance System.

NAME :  
ADDRESS :  
BIRTH DATE :  
BIRTH PLACE :  
CITIZENSHIP :  
GENDER :

DATE ISSUED:   
VALID UNTIL:   
SIGNATURE   
THUMBMARK   
Q.R. CODE   
ID No.:

**NO RECORD ON FILE**

PMGEN ELISEO DC CRUZ  
TDIDM

NOTE: To verify the authenticity of this Police Clearance, please visit <https://pnpclearance.ph/> or use Q.R. code scanner

**NO RECORD ON FILE**

**Activity 9 | Mayor's Clearance**

Give the process and fees required for a MAYOR'S CLEARANCE. Attach also your MAYOR'S CLEARANCE.

- I. Steps in securing police clearance
  1. Gather necessary documents.
  2. Visit the Municipal Hall in your area.
  3. Fill out application form provided by the Municipal office or submit the required documents.
  4. Submit documents and pay fees.
  5. Await processing and claim your documents.
- II. Attach Mayor's Clearance

### SAMPLE MAYOR'S CLEARANCE

Republic of the Philippines  
Province of Bulacan  
**BARANGAY MAHARLIKA**  
City of San Jose Del Monte

**BARANGAY BUSINESS CLEARANCE**

TO WHOM IT MAY CONCERN:

This is to certify that

**JOHN VINCENT C. DE LEON**  
*Name of Owner*

**KUYA CALEB PARES HOUSE**  
*Name of Business*

**290 KALINGA ST. ROBES 3, BRGY. MAHARLIKA, CSJDM, BULACAN**  
*Business Address / Office Address*

Is now operating a business within the jurisdiction of this barangay. This certification is being issued under the requirements of the new local code under Republic Act 7160. Article IV, section 152, paragraph c for the purpose of securing or renewing Mayor's Permit / License if necessary for the year **2020**.

Issued this : **July 16, 2020**

Note: Any violations or illegal act committed by a business will cause for the cancellation of this clearance.

HON. ANDRO G. BATINGAN  
Punong Barangay

C.T.C. No.: **13704705**  
Issued at: **Brgy. Maharlika, CSJDM, Bulacan**  
Issued on: **07/16/2020**  
Official Receipt No.: **3588161**  
Control No.: **776E2F424B**

### Activity 10 | Medical Certificate

Give the process and fees required for a MEDICAL CERTIFICATE. Attach also your MEDICAL CERTIFICATE.

I. Steps in securing medical certificate

1. Prepare ID and necessary documents.
2. Visit the Barangay Health Center in your area.
3. Provide answers to the questions asked by the doctor.
4. Submit documents and pay fees.
5. Await processing and claim your documents.

II. Attach Medical Certificate

SAMPLE MEDICAL CERTIFICATE

Name of Clinic/Hospital/  
Barangay Health Center  
(Letterhead)

---

MEDICAL CERTIFICATE

Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This is to certify that (NAME OF STUDENT), (AGE) years old, residing at (ADDRESS OF STUDENT) has been examined in this (CLINIC/HOSPITAL/HEALTH CENTER) as an out patient on (DATE EXAMINED) with the following finding and diagnosis:

ESSENTIALLY NORMAL PHYSICAL FINDINGS AS OF THIS TIME  
NO COVID-19 RELATED SIGNS AND SYMPTOMS.

This Certification is being issued for whatever legal purposes it may serve him/her best.

Name and Signature

\_\_\_\_\_  
Attending Physician

## Activity 11 | BIR TIN Application Form

### I. DESCRIPTION:

Any person, whether natural or juridical, required under the authority of the Internal Revenue Code to make, render or file a return, statement or other documents, shall be supplied with or assigned a Taxpayer Identification Number (TIN) to be indicated in the return, statement or document to be filed with the Bureau of Internal Revenue, for his proper identification for tax purposes (Sec. 236 (i) of the Tax Code).

### II. Attach BIR TIN Application Form

To be filled up by BIR ▶ DLN: \_\_\_\_\_

BIR Form No. **1904**  
January 2000 ( ENCS )


**Republika ng Pilipinas**  
**Kagawaran ng Pananalapi**  
**Kawanihan ng Rentas Internas**

## Application for Registration

For One-time Taxpayer and Person Registering under E.O. 98 (Securing a TIN to be able to transact with any government office)

New TIN to be issued, if applicable  
(To be filled up by BIR)

---

Fill in all appropriate white spaces. Mark all appropriate boxes with an "X".

|                                                                                                          |                                                                                                           |                                                                            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>1 Taxpayer Type</b><br><input type="checkbox"/> One-Time Taxpayer<br><input type="checkbox"/> E.O. 98 | <b>2 Classification</b><br><input type="checkbox"/> Individual<br><input type="checkbox"/> Non-individual | <b>3 Date of Registration</b><br>(To be filled up by BIR) (MM / DD / YYYY) |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

---

**Part I Taxpayer Information**

|                                                |                                               |                                                                                  |
|------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|
| <b>4 TIN</b><br>(For Taxpayer w/ existing TIN) | <b>5 RDO Code</b><br>(To be filled up by BIR) | <b>6 Sex</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|

**7 Taxpayer's Name** (Last Name, First Name, Middle Name, if individual/Registered Name, if non-individual)

\_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8 Civil Status</b><br><input type="checkbox"/> Single/Widow/Widower/Legally Separated (No dependents)<br><input type="checkbox"/> Head of the Family<br><input type="checkbox"/> Single with qualified dependent<br><input type="checkbox"/> Widow/Widower with qualified dependent<br><input type="checkbox"/> Legally separated with qualified dependent<br><input type="checkbox"/> Benefactor of a qualified senior citizen (RA No. 7432)<br><input type="checkbox"/> Married | <b>9 Spouse Information</b><br><b>9A Spouse Taxpayer Identification Number</b><br>_____<br><b>9B Spouse Name</b><br>Last Name First Name Middle Name<br>_____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                              |                                     |                                                         |
|------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------|
| <b>10 Date of Birth /</b><br><b>Date of Organization</b><br>(MM / DD / YYYY) | <b>11 Telephone Number</b><br>_____ | <b>12 Municipality Code</b><br>(To be filled up by BIR) |
|------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------|

|                                                                                     |                                     |
|-------------------------------------------------------------------------------------|-------------------------------------|
| <b>13 Local Address</b> (Please indicate complete address)<br>_____                 | <b>14 Zip Code</b><br>_____         |
| <b>15 Foreign Address</b> (Please indicate complete address)<br>_____               | <b>16 Zip Code</b><br>_____         |
| <b>17 Contact Person/Accredited Tax Agent</b> (if different from taxpayer)<br>_____ | <b>18 Telephone Number</b><br>_____ |

**19 ▶ One-Time Transactions** (To be filled up by one-time taxpayer only)

|                                                                                                                                                      |                                                                                                                                                                                                          |                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>A</b> Sale, Assignment and / or Disposal of Shares of Stocks<br><input type="checkbox"/> <b>D</b> Donation of Properties | <input type="checkbox"/> <b>B</b> Sale, Assignment and / or Disposal of Real Property(ies) classified as Capital Asset<br><input type="checkbox"/> <b>E</b> Transfer of Properties by Succession (Death) | <input type="checkbox"/> <b>C</b> Sale, Assignment and / or Disposal of Real Property(ies) classified as Ordinary Asset<br><input type="checkbox"/> <b>F</b> Others (Specify) _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**20 ▶ Tax Types** (Choose only the tax types that are applicable to you)

| <input type="checkbox"/> Withholding Tax<br><input type="checkbox"/> Capital Gains Tax - Real Property<br><input type="checkbox"/> Capital Gains Tax - Stocks<br><input type="checkbox"/> Documentary Stamp Tax<br><input type="checkbox"/> Donor's Tax<br><input type="checkbox"/> Estate Tax<br><input type="checkbox"/> Miscellaneous Tax (Specify) _____<br><input type="checkbox"/> Non-Taxable (under EO 98)<br><input type="checkbox"/> Others (Specify) _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FORM TYPE<br/>(To be filled up by the BIR)</th> <th style="text-align: left;">ATC<br/>(To be filled up by the BIR)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | FORM TYPE<br>(To be filled up by the BIR) | ATC<br>(To be filled up by the BIR) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| FORM TYPE<br>(To be filled up by the BIR)                                                                                                                                                                                                                                                                                                                                                                                                                             | ATC<br>(To be filled up by the BIR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**21 Declaration**

I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

\_\_\_\_\_  
TAXPAYER/AUTHORIZED AGENT  
(Signature over printed name)

\_\_\_\_\_  
TITLE/POSITION OF SIGNATORY

Stamp of Receiving Office and Date of Receipt

Attachments complete?  
(To be filled up by BIR)

▶ ☐ Yes ☐ No

#### ATTACHMENTS: (Photocopy only)

For Payor of Capital Gains Tax (Stock, Real Estate)

-Birth Certificate or any document showing name, address and birth date of taxpayer applicant

-Deed of Sale

For Payor of Transfer Tax

Donor's Tax

-Birth Certificate or any document showing name, address and birth date of the taxpayer (donor)

-Deed of Donation

Estate Tax

-Death Certificate

For Payor of Final Tax on Winnings

-Certification from awarding company/person

For Vehicle Registrants

-Birth Certificate or any document showing name, address and birth date of the applicant

-Cash Invoice or Official Receipt or Deed of Sale

For Other Applicants

-Birth Certificate or any document showing name, address and birth date of the applicant

**POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.**

Downloaded by Tyler Silas (tylersilas.acadcommision@gmail.com)

## Activity 13 | Social Security System Membership Form

### I. DESCRIPTION:

Social Security System (SSS) is a social insurance program that aims to provide protection to its members and beneficiaries, while Government Services Insurance System (GSIS) serves as the counterpart social insurance program for those who work in government. SSS members can avail of maternity, sickness, disability, retirement, funeral and death benefits. The Social Security System (SSS) administers social security protection to workers in the private sector. Social security provides replacement income for workers in times of death, disability, sickness, maternity and old age.

### II. Attach Social Security System Membership Form

|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>E-1</b><br><small>COV-01214 (09-2015)</small>                                                                                                                                                                              | Republic of the Philippines<br><b>SOCIAL SECURITY SYSTEM</b><br><b>PERSONAL RECORD</b><br><b>FOR ISSUANCE OF SS NUMBER</b>                                                                                         | SS NUMBER                                                                                                                                                                                                                                                                                                                                                                                              |
| THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT <a href="http://www.sss.gov.ph">www.sss.gov.ph</a> .<br>PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY. |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>PART I - TO BE FILLED OUT BY THE REGISTRANT</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>A. PERSONAL DATA</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    | DATE OF BIRTH (MMDDYYYY)                                                                                                                                                                                                                                                                                                                                                                               |
| SEX<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                               | CIVIL STATUS<br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others                       |                                                                                                                                                                                                                                                                                                                                                                                                        |
| NATIONALITY                                                                                                                                                                                                                                                                                                        | RELIGION                                                                                                                                                                                                           | TAX IDENTIFICATION NUMBER (IF ANY)                                                                                                                                                                                                                                                                                                                                                                     |
| PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)                                                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)                                                                                                                                                                                                                   |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)                                                                                                                                                                                                                                              |                                                                                                                                                                                                                    | ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                               |
| MOBILE/CELLPHONE NUMBER                                                                                                                                                                                                                                                                                            | E-MAIL ADDRESS                                                                                                                                                                                                     | TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)                                                                                                                                                                                                                                                                                                                                                 |
| FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>B. DEPENDENT(S)/BENEFICIARY/IES</b> <input type="checkbox"/> Check this box if using additional sheet                                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                    | DATE OF BIRTH (MMDDYYYY)                                                                                                                                                                                                                                                                                                                                                                               |
| CHILD/REN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    | DATE OF BIRTH (MMDDYYYY)                                                                                                                                                                                                                                                                                                                                                                               |
| 1.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)                                                                                                                                                                                    |                                                                                                                                                                                                                    | RELATIONSHIP                                                                                                                                                                                                                                                                                                                                                                                           |
| 1.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    | DATE OF BIRTH (MMDDYYYY)                                                                                                                                                                                                                                                                                                                                                                               |
| 2.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| SELF-EMPLOYED (SE)<br>Profession/Business<br><br>Year Prof./Business Started<br><br>Monthly Earnings<br>P _____                                                                                                                                                                                                    | OVERSEAS FILIPINO WORKER (OFW)<br>Foreign Address<br><br><br>Monthly Earnings<br>P _____<br>Are you applying for membership in the Flexi-Fund Program?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | NON-WORKING SPOUSE (NWS)<br>SS No./Common Reference No. of Working Spouse<br><br>Monthly Income of Working Spouse (P)<br>I agree with my spouse's membership with SSS.<br><br>SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE                                                                                                                                                                            |
| <b>D. CERTIFICATION</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| I certify that the information provided in this form are true and correct.<br>(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| PRINTED NAME _____ SIGNATURE _____ DATE _____                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                    | Registrant is required to affix fingerprints.<br><div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 80px; text-align: center; vertical-align: middle;">RIGHT THUMB</div> <div style="border: 1px solid black; width: 80px; height: 80px; text-align: center; vertical-align: middle;">RIGHT INDEX</div> </div> |
| <b>PART II - TO BE FILLED OUT BY SSS</b>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                        |
| BUSINESS CODE (FOR SE)                                                                                                                                                                                                                                                                                             | WORKING SPOUSE'S MSC (FOR NWS)<br>P _____                                                                                                                                                                          | RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)                                                                                                                                                                                                                                                                                                                                                      |
| MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)<br>P _____                                                                                                                                                                                                                                                                | APPROVED MSC (FOR SE/OFW/NWS)<br>P _____                                                                                                                                                                           | SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____                                                                                                                                                                                                                                                                                                                                                    |
| START OF PAYMENT (FOR SE/NWS)                                                                                                                                                                                                                                                                                      | FLEXI-FUND APPLICATION (FOR OFW)<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved                                                                                                         | REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)<br>SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____                                                                                                                                                                                                                                                                                                        |

## Activity 14 | PagIBIG Membership Registration

### I. DESCRIPTION:

The Home Development Mutual Funds (HDMF), also known as the Pag-IBIG Fund, or the Fund, was created on June 11, 1978 by virtue of Presidential Decree (PD) No. 1530 to address two of the country's basic needs: generation of savings and provision of shelter for the Filipino workers. Pag-IBIG Fund was founded by virtue of Presidential Decree No. 1530 which was signed by President Ferdinand E. Marcos on June 11, 1978, to answer the national need for savings program and affordable housing financing.

### II. Attach PagIBIG Membership Registration

HQP-PFF-039  
(V08, 11/2020)



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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REGISTRATION TRACKING NUMBER

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (\*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.

6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 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| <b>*OCCUPATIONAL STATUS</b> <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED<br><div style="text-align: right; font-size: 0.7em;"><input type="checkbox"/> CHECK THIS BOX IF FIRST TIME JOB SEEKER</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 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| *MEMBERSHIP CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 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| <b>MANDATORY</b><br><input type="checkbox"/> EMPLOYED (PRIVATE) <input type="checkbox"/> SELF-EMPLOYED<br><input type="checkbox"/> EMPLOYED (GOVERNMENT) <input type="checkbox"/> PROFESSIONAL/BUSSINESS OWNER<br><input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> JOB ORDER PERSONNEL<br><input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> OTHER EARNING GROUP (OEGs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VOLUNTARY</b><br><input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT) <input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION<br><input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT<br><input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP<br><input type="checkbox"/> PENSIONER/INVESTOR/LESSOR <input type="checkbox"/> OTHERS, Please specify _____ |                             |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             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| PERSONAL DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST NAME                  | NAME EXTENSION<br><small>(e.g. Jr., II)</small>                                            | MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO MIDDLE NAME<br><small>(check if applicable only)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |   |   |   |  |  |                                                                                                                                                                                                                                                         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| <b>*MEMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 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| <b>FATHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 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| <b>*MOTHER</b> <small>(Maiden Name)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 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| <b>*SPOUSE</b> <small>(If Married)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 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| <b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 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| <b>*DATE OF BIRTH</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.6em;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">m</td> <td style="text-align: center;">m</td> <td style="text-align: center;">d</td> <td style="text-align: center;">d</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> <td style="text-align: center;">y</td> </tr> </table> |                 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Annulled<br><input type="checkbox"/> Married <input type="checkbox"/> Legally Separated |  | <b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.6em;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>*PLACE OF BIRTH</b> <small>(City/Municipality/Province/Country)</small><br><small>(Please indicate country if born outside the Philippines)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>*CITIZENSHIP</b>         |                                                                                            | <b>SSS/GSIS NUMBER</b><br><table border="1" style="width: 100%; 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| <b>*SEX</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>HEIGHT</b><br>_____ (cm)                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>WEIGHT</b><br>_____ (kg) | <b>PROMINENT DISTINGUISHING FACIAL FEATURES</b><br><small>(Ex. Moles, Scars, etc.)</small> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |   |   |   |  |  |                                                                                                                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |   |   |   |   |   |                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>COMMON REFERENCE NUMBER (CRN)</b><br><small>(If Available)</small><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.6em;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |   |   |   |  |  | <b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <small>(If payment of MS is not thru payroll deduction)</small><br><input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |   | <b>EMPLOYEE NUMBER</b><br><table border="1" style="width: 100%; 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| ADDRESS AND CONTACT DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 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| <b>*PERMANENT HOME ADDRESS</b><br>Unit/Room No., Floor     Building Name     Lot No., Block No., Phase No.     House No     Street Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 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| Subdivision     Barangay     Municipality/City     Province/State/Country <small>(if abroad)</small> ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Home<br><table border="1" style="width: 100%; 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| <b>*PRESENT HOME ADDRESS</b><br>Unit/Room No., Floor     Building Name     Lot No., Block No., Phase No.     House No     Street Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Cell Phone<br><table border="1" style="width: 100%; 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| Subdivision     Barangay     Municipality/City     Province/State/Country <small>(if abroad)</small> ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Business (Direct Line)<br><table border="1" style="width: 100%; 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| <b>*PREFERRED MAILING ADDRESS</b><br><input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Business (Trunk Line)     Local<br><table border="1" style="width: 100%; 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THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

## JOB INTERVIEW

A job interview is a conversation which occurs between a potential employer and a job applicant. During the job interview, the employer has the opportunity to appraise applicant's qualifications, appearance and general fitness for the job opening. In parallel the applicant tries to learn more about the position, to appraise the employer and to find out if your needs and interests will be met. Think of the interview as a conversation between two people where each person is trying to learn more about the other. The interview process is a two-way street. You are traveling toward a goal—the right job and the employer is traveling toward a goal—the right hire (International Hellenic University, 2023).

### ACTIVITY 15 | Job Interview Encounter

A job interview is an interview consisting of a conversation between a job applicant and a representative of an employer which is conducted to assess whether the applicant should be hired. How you answer questions during job interview can have a big impact on you being hired or accepted as a work immerse. Jot down questions that you have come across during your first dialogue with the partner-industry work supervisor or head of office you will be assigned.

1. Why do you do work immersion?
2. Can you tell me about yourself and your background?

# MOCK JOB INTERVIEW

Here are some questions that you may encounter during an interview. Try answering them.

## Interpersonal Skills

1. What are your strengths? What are your weaknesses?
2. What do you do when you know you are right and your boss disagrees with you? Give me an example.
3. If your colleagues had an opportunity to tell us your primary strength what would that be? And, your primary weakness-what would that be?
4. As a component of this position, you may have to work on a team on certain projects. Describe when you've worked on a team before and what, in your opinion, constitutes an effective team? What do you expect from others on the team and what do you need from others on the team?
5. What do you do when others resist or reject your ideas or actions?

## Behavioral

1. Suppose you are in a situation where deadlines and priorities change frequently and rapidly. How would you handle it?
2. How do you know when you are stressed? What do you do to de-stress?
3. Tell me about a time when you were a part of a great team. What was your part in making the team effective?
4. Suppose your supervisor asked you to get information for them that you know is confidential and he/she should not have access to. What would you do?
5. Describe a time when you performed a task outside your perceived responsibilities. What was the task? Why did you perceive it to be outside your responsibilities? What was the outcome?

## Creative Thinking

1. What's the best book you've read in the last year? Please take a minute and tell us what you liked about it.
2. What was the most creative thing you did in your last job?
3. What is your interpretation of "success?"
4. Describe an ideal work environment or "the perfect job."
5. In what way(s) do you express your personality in the workplace?

## Leadership

1. How would you describe an ideal supervisor?
2. What strengths did you rely on in your last position to make you successful in your work?
3. As a supervisor, it is essential to motivate employees in your area. Sometimes this must be done using non-monetary means. Please describe some creative ways you have motivated and recognized employees in the past non-monetarily.
4. Explain, step by step, how you have coached an employee who had performance problems.
5. If you had to describe your own leadership style as directive, delegating, or coaching, which would you choose? Please explain why giving examples.

## Optional Situational Questions: *Please explain how you would handle the following situations:*

1. You observe two of your employees arguing in a central location in the office.
2. One of your employees comes to you complaining about another employee and insisting they should no longer work together.
3. One of your employees comes to you to complain that he/she has a more demanding work load than another employee and wants the workload to be shifted.

## General

1. Could you share with us a recent accomplishment of which you are most proud?
2. Tell us a bit about your work background, and then give us a description of how you think it relates to our current opening.
3. Why have you applied for this position?
4. What skill set do you think you would bring to this position?
5. Tell me about your present or last job. Why did you choose it? Why did you/do you want to leave?
6. What was your primary contribution/achievement? Biggest challenge?
7. What are your short-term and long-term goals?
8. In what areas would you like to develop further? What are your plans to do that?
9. What are some positive aspects of your last employment/employer? What are some negative aspects?
10. What do you know about our company?
11. Why should we hire YOU?
12. After learning about this opportunity, what made you take the next step and apply for the job?
13. If you are the successful applicant, how would you expect to be different after a year in this position?
14. Now that you have learned about our company and the position you are applying for, what hesitation or reluctance would you have in accepting this job if we offer it to you?

### **ACTIVITY 16 | Mock Job Interview Assessment**

**During the conduct of the mock job interview, do you think you did well?**

Absolutely, I feel confident in my performance during the mock job interview. I was able to communicate my ideas clearly and confidently.

**What are the areas that you think you are good at and areas that needed to be improved?**

Reflecting on my strengths, I found that I have a talent for expressing creative ideas. However, I recognize the importance of refining my public speaking skills and enhancing my overall confidence to excel further.

**Are you more confident now to answer during job interview?**

As I continue to develop professionally, I am increasingly prepared to handle job interview questions with confidence and effectiveness, despite recognizing areas where I can grow and improve.

# IMMERSION PROPER

Dear student you are now nearing your immersion proper. Before the immersion proper please ensure that you have a signed parent's permit and kindly attach it here.

## ACTIVITY 17 | Parents' Consent Form

A parent's consent form is a document signed by parents or legal guardians that grants permission for a student to undergo Work Immersion.

**Attach Parents Permit here**

**MMA**

**MINDANAO MISSION ACADEMY**  
9024, Poblacion, Manticao, Misamis Oriental

**WORK IMMERSION PROGRAM 2024**  
**PARENT CONSENT FORM**

NAME: [Last, First, MI] \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Strand: \_\_\_\_\_ Section: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Contact No. \_\_\_\_\_ Email: \_\_\_\_\_  
Present Home Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
Relationship to the student: \_\_\_\_\_  
Parent's Complete Home Address: \_\_\_\_\_  
Parent's Contact Number: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Are you willing to shoulder all expenses incurred by this Work Immersion exposure including fare, board and lodging, and allowances of your students? ☐ No ☐ Yes?  
Does your child suffer from any medical conditions/allergies that the teacher/school company should be aware of including any current medication?  
☐ No. ☐ Yes. Please indicate. \_\_\_\_\_  
Please provide details of medication that must be administered and attached a medical certificate.  
\_\_\_\_\_

---

CONSENT, please read carefully:

1. I willingly and voluntarily give consent to my son/daughter to be sent for Work Immersion as part of the requirement set by the Department of Education in the Senior High School.
2. I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than listed above.
3. I am fully aware of the content of the DepEd Order 30 s. 2017 (Guidelines for Work Immersion and DM-CI-2020-00085 (Guidelines for Work Immersion Implementation During Crisis Situation).
4. I fully support the Work Immersion of my son/daughter through minimal financial cost and through my attendance/presence if so desired.
5. I consent my son daughter travelling by any form of public/private transport by land or water if needed as long as it is within the scope of its activities and training.
6. I have considered the benefits that my son/daughter will derive from his or her Work Immersion provided that due care and precaution will be observed to ensure the comfort and safety of my son/ daughter and that teachers/School/company may not be held responsible for any untoward incident that may happen beyond their control.
7. I am fully aware that the Minimum Health Protocol will be properly observe during the duration of the Work Immersion.

\_\_\_\_\_  
Parent's Signature Over Printed Name

\_\_\_\_\_  
Date

# THE COMPANY

- I. **Objectives:** Appreciating management processes by observing, identifying and describing the following:
1. Nature of the business
  2. Description of the products/services
  3. Target clientele
  4. Organizational structure
  5. Company rules and regulations

## ACTIVITY 18 | Profile of the Company/Establishment

**Write description and profile of your work immersion area. Please include pictures.**

Lugait is a coastal municipality in the province of Misamis Oriental. The municipality has a land area of 27.45 square kilometers or 10.60 square miles which constitutes 0.88% of Misamis Oriental's total area.

### Vision

Lugait is a climate adaptive, center of industries and agri-tourism development, with enhanced ecological balance, supported by God-loving and responsible citizenry, motivated by competent, dynamic and transparent service providers.

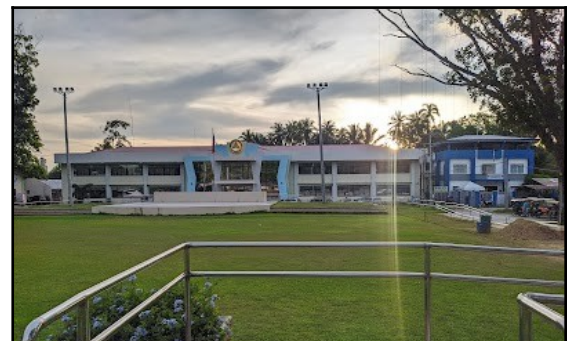


### Mission

To effectively implement the plans and programs so as to create humane communities where development is sustainable and fairly accessible.

### Objectives

### Core Values



## ACTIVITY 19 | History of the Company

Lugait is a municipality in the province of Misamis Oriental, Philippines. However, before becoming a municipality in 1961, it was once a barrio of the town of Initao until 1948 when the town of Manticao was established as a separate municipality. Lugait then became the biggest barrio with the largest population and revenue contribution.

On March 16, 1961, Lugait gained autonomy from its mother municipality when then-President Carlos P. Garcia signed and announced Executive Order No. 425, creating the Municipality of Lugait. Since its establishment, Lugait has been known for its industrialization and its world-renowned cement and G.I. roofing products. These products have become the community's by-word, making Lugait a significant player in the province's economy.

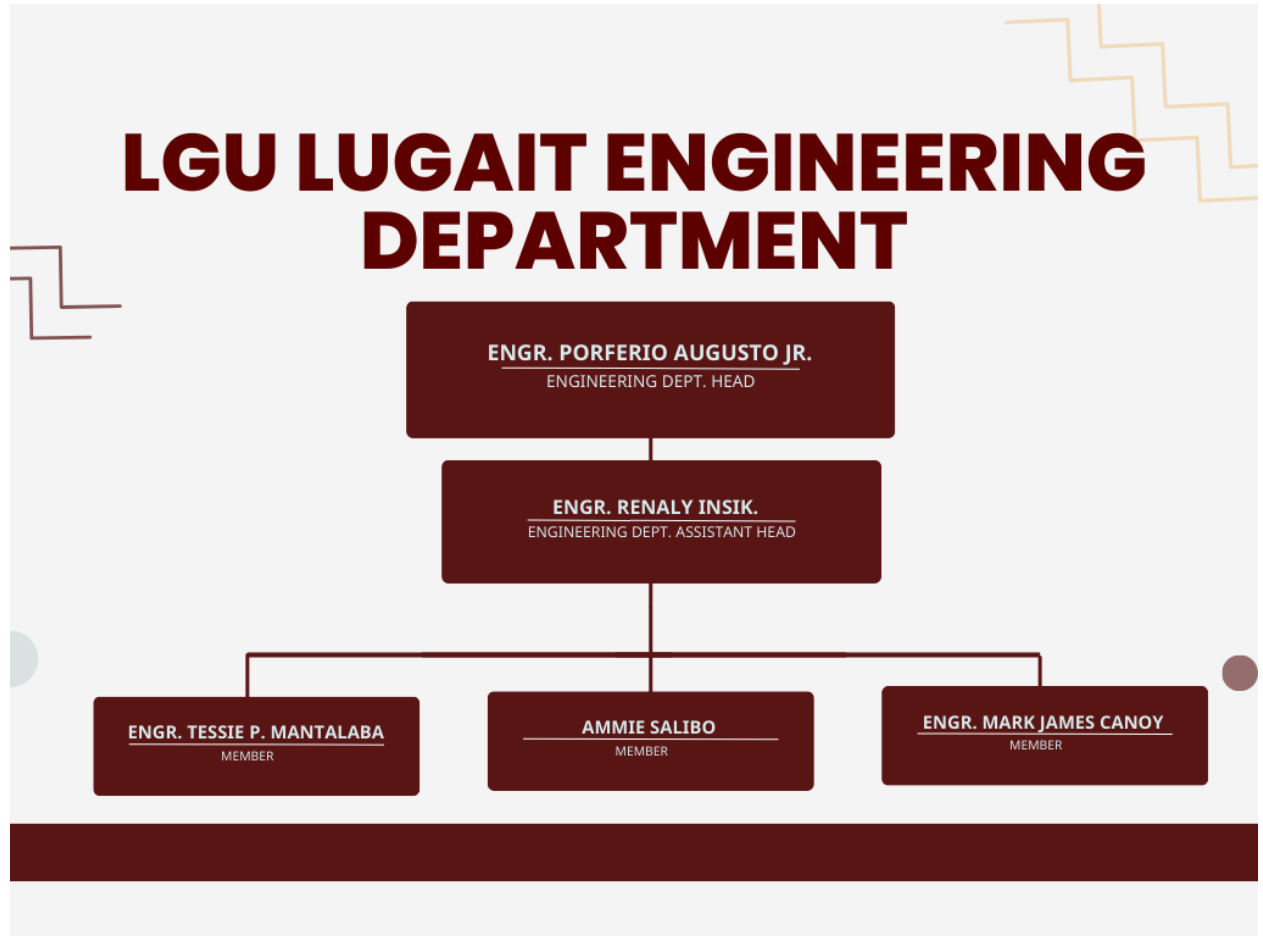
Today, Lugait remains a thriving municipality that continues to invest in its economic growth. It is home to various industries, including cement manufacturing, steel fabrication, and agricultural production. The municipality's strategic location, with easy access to seaports and airports, has also made it an attractive destination for investors.

Lugait prides itself on its rich cultural heritage, evident in its annual fiesta celebration. It also boasts natural attractions such as Lugait Echo Park, which is known for its crystal clear waters and pristine sand. The municipality's government has also invested in infrastructure development, including the construction of a new municipal hall and the rehabilitation of roads and bridges.

Overall, Lugait is a municipality that has come a long way since its barrio days. It has transformed into a bustling community that has made significant contributions to the province's economy while preserving its cultural heritage and natural resources.

## ACTIVITY 20 | Organizational Chart

An organizational chart is a graphic representation of the structure of an organization, showing the relationships of the positions or jobs within it.



## ACTIVITY 21 | Company Rules and Regulation

### ***LGU Lugait Rules and Regulations:***

1. Attending Flag Ceremony every Monday.
2. To entry in record logbook (Time In/Time out) and punch in and punch out for attendance in the Biometric Machine.
3. Wearing Type A & Type B Uniform on respective schedule.
4. Wearing of Proper Dress Code.
5. Payroll release for Job Order Workers will be on dates 5 and 20.
6. Absences for Job Order Worker is subject to payroll reduction. For Regular Employee, absences will be reflected in there Leave Credits.
7. Attending first Friday Mass.
8. Participate in Zumba/Walking activity every Tuesday, Thursday and Friday.
9. Maintain courtesy and respect to everyone at all times.
10. Inappropriate haircut, hair color and wearing of improper jewelry. To always maintain descent grooming.
11. No smoking for non-designated areas.
12. No drinking of Alcohol during working/office hours.
13. Minimizing noise in every office premise.
14. Refrain from using cellphones during working hours especially if not related to the given work assignment.
15. Secure Travel Authority first before going to a certain event or place.
16. Securing Exit Clearance before leaving respective post. Requires 15-30 days before approval and a letter of resignation and exit interview will be performed.
17. Practice Proper phone Etiquette in dealing every client at all times.
18. Proper Waster Disposal in each office. Everyone is responsible in handling their own waste, do not solely rely the task to your co-workers.

### **WORK IMMERSION AGREEMENT AND LIABILITY WAIVER**

I am fully aware of the duties and responsibilities I will undertake through the **Work Immersion Program** with the cooperating company through the request of \_\_\_\_\_.

I recognize the authority of my cooperating company which I may be placed and submit myself to all the **Rules and Regulations** that may be imposed upon myself following the duties.

I renounce and waive any claim against the cooperating company and \_\_\_\_\_ for any injury that I may sustain/suffer, personal/financial in the performance of my duties/function.

Name of Student-Trainee: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## PARENTAL / GUARDIAN'S CONSENT

And I, the trainee's parent and/or legal guardian, allow my son/daughter to undergo Work Immersion for **80 hours** starting on \_\_\_\_\_ until \_\_\_\_\_ at \_\_\_\_\_ in partial fulfilment of the requirements for Senior High School K-12 Program.

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 \_\_\_\_\_ in case of any untoward incident that may happen to my son/daughter during the duration of the WORK IMMERSION.

Name of Student-Trainee: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

## ACTIVITY 22 | Work Immersion Task/s Activities

Attach signed Annex C

### Sample

**List of Tasks/Activities to be done during Work Immersion** (may change according to track/strand)

|                            |                 |                       |  |
|----------------------------|-----------------|-----------------------|--|
| Name of Student            |                 | Grade & Section       |  |
| School Name                |                 | Immersion Site        |  |
| Track                      | <b>ACADEMIC</b> | Strand/Specialization |  |
| Duration of Work Immersion | <b>80 Hours</b> |                       |  |

|                                  |  |                |  |
|----------------------------------|--|----------------|--|
| School Partnerships Focal Person |  | Contact Number |  |
| Work Immersion Teacher           |  | Contact Number |  |

| COMPETENCIES                          | TASKS/ACTIVITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TIME ALLOTMENT | ACTUAL SCHEDULE | REMARKS |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|---------|
| OBSERVE PROPER WORK ETHICS            | The student: <ul style="list-style-type: none"> <li>Be at the workplace 10-15 minutes before the time;</li> <li>Follow instructions carefully from the direct supervisor;</li> <li>Observe and follow rules and regulations of the workplace / industry;</li> <li>Know and perform your duties and responsibilities accordingly;</li> <li>Observe and practice confidentiality in the workplace/industry; and Observe and practice working with the team.</li> </ul> |                |                 |         |
| SAFETY IN THE WORKPLACE               | <ul style="list-style-type: none"> <li>Do exactly as directed by your immediate supervisor;</li> <li>Be observant of the do's and don'ts of the workplace /industry; and</li> <li>Know and practice your bounds/limits as per instruction by your immediate supervisor.</li> </ul>                                                                                                                                                                                   |                |                 |         |
| SENSITIVITY TO CULTURES AND PRACTICES | <ul style="list-style-type: none"> <li>Be observant and respectful of the different cultures and practices of your clients, supervisors and co-workers;</li> <li><b>ALWAYS</b> respect people in authority, co-workers and clients; and</li> <li>Think before talking about culture and religion.</li> </ul>                                                                                                                                                         |                |                 |         |

|                                   |                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| FILING AND ARRANGING OF DOCUMENTS | <ul style="list-style-type: none"> <li>File and arrange documents as per instruction by the immediate supervisor; and</li> <li>Encode the data's gathered from survey as directed by the immediate supervisor.</li> </ul>                                                                                                                       |  |  |  |
| EVALUATING THE WORK IMMERSION     | <ul style="list-style-type: none"> <li>Present portfolio with the week diary entries;</li> <li>Compare and contrast school and work application of skills, knowledge and attitudes;</li> <li>Write an updated resume reflecting your Work Immersion experience; and</li> <li>Reflect and write about your Work Immersion experience.</li> </ul> |  |  |  |

Students shall not be given other activities outside of those previously agreed upon, which are anchored on the stated competencies.

Certified True and Correct:

\_\_\_\_\_  
*Student's Signature Over Printed Name*

\_\_\_\_\_  
*Parent's Signature Over Printed Name*

\_\_\_\_\_  
*Work Immersion Teacher's Signature Over Printed Name*

\_\_\_\_\_  
*Industry Supervisor's Signature Over Printed Name*

### ACTIVITY 23 | Report on Activities Performed

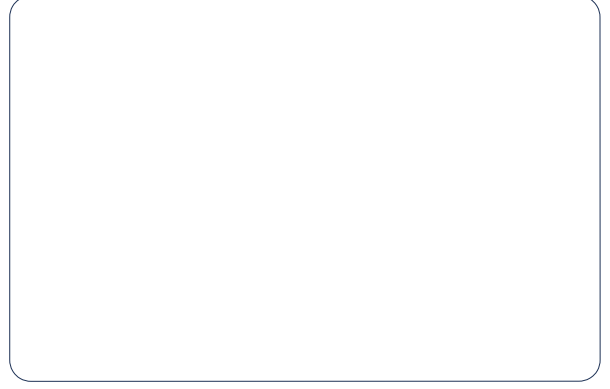
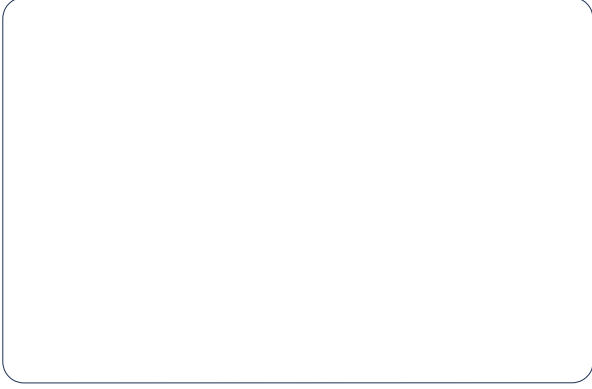
*State the work functions delegated unto you and how you accomplished it.*

| DATE | ACTIVITIES DONE | REMARKS |
|------|-----------------|---------|
|      |                 |         |
|      |                 |         |
|      |                 |         |
|      |                 |         |
|      |                 |         |

*Attach documents or pictures*

*Insert Picture Here*

*Insert Picture Here*



*Attach documents or pictures*

*Insert Picture Here*

*Insert Picture Here*

*Insert Picture Here*

*Insert Picture Here*

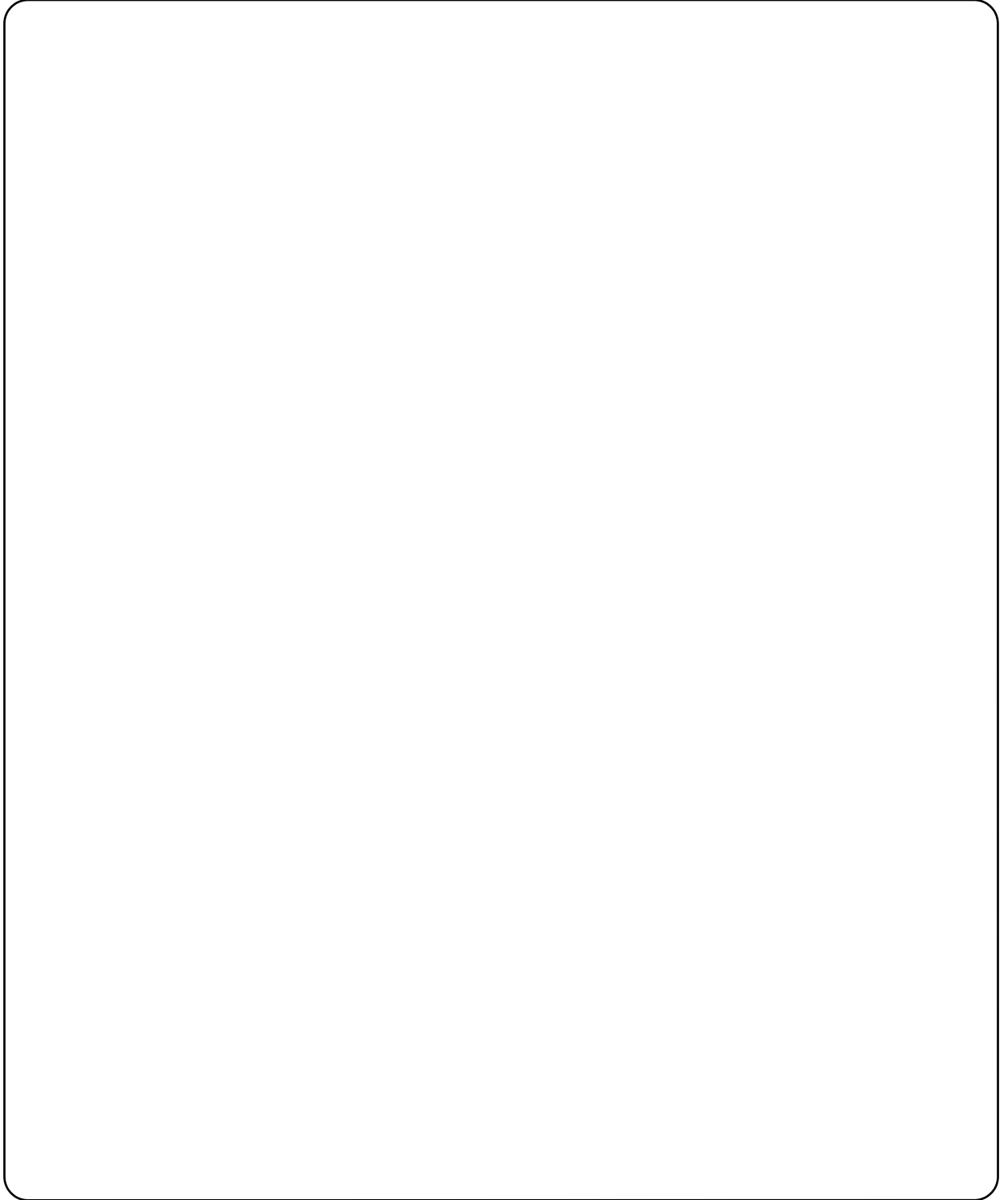
*Insert Picture Here*

*Insert Picture Here*

## ACTIVITY 24 | Business Flow Chart

A business flow chart shows the steps that make up a business process, along with who's responsible for each step. They are useful for analyzing current processes, planning improvements, and crystallizing communication between process participants.

Task: Draw a diagram of the company or institution's business flow chart where you are assigned. Do ask permission from head of office before doing so.



DAILY TIME RECORD

ATTENDANCE SHEET

*Attached signed DTR.*

| For the Month of: |         |          |              |         |
|-------------------|---------|----------|--------------|---------|
| Date              | Time In | Time Out | No. of Hours | Remarks |
| 1                 |         |          |              |         |
| 2                 |         |          |              |         |
| 3                 |         |          |              |         |
| 4                 |         |          |              |         |
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| 29                |         |          |              |         |
| 30                |         |          |              |         |
| 31                |         |          |              |         |

Certified True and Correct:

\_\_\_\_\_  
Signature Over Printed Name of  
Student-Trainee

\_\_\_\_\_  
Work Immersion Teacher

\_\_\_\_\_  
Partner Institution's Supervisor

| For the Month of: |         |          |              |         |
|-------------------|---------|----------|--------------|---------|
| Date              | Time In | Time Out | No. of Hours | Remarks |
| 1                 |         |          |              |         |
| 2                 |         |          |              |         |
| 3                 |         |          |              |         |
| 4                 |         |          |              |         |
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| 29                |         |          |              |         |
| 30                |         |          |              |         |
| 31                |         |          |              |         |

## ACTIVITY 26 | Daily Task Record / Daily Journal

A daily task record is a work log that summarizes how an employee spent his time on the job. Through a daily work log, an employee can create a mental picture of what comprises his day and how he uses his time. It is also helpful in understanding how productive an employee is during a particular period of the workday.

Accomplish your daily task record.

Department: \_\_\_\_\_ Area: \_\_\_\_\_

Date of Tracking Started: \_\_\_\_\_ Date of Tracking Ended: \_\_\_\_\_

| DAILY TASK | START | END | COMMENTS |
|------------|-------|-----|----------|
|            |       |     |          |
|            |       |     |          |
|            |       |     |          |
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|            |       |     |          |

Signed:

\_\_\_\_\_  
*Name and Signature of Student-Trainee*

Noted:

\_\_\_\_\_  
*Name and Signature of Supervisor*

## ACTIVITY 27 | Work Performance Artifacts

Attach photos, illustrations, and other evidences (e.g. certificates of awards received) of performed hands-on skills that include knowledge of work and quality of work done.

---

**ACTIVITY 28 | Personal Traits 1**

Attach photo, illustrations, and other evidences (e.g. certificates of awards received) of good personality traits demonstrated during the work immersion which is based on ***pleasing appearance, courtesy, conduct, industriousness, and reliability.***

#### ACTIVITY 29 | Personal Traits 2

Attach photo, illustrations, and other evidences (e.g. certificates of awards received) of good personality traits demonstrated during the work immersion which is based on ***sociability, drive and leadership, mental maturity, and stress tolerance.***

#### ACTIVITY 30 | Other Related Tasks

Other related tasks, means taking on tasks outside your role but is based on the company given competencies to the students.

***Attach or write an account of other related tasks.***

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PUT PICTURES HERE

## ACTIVITY 31 | Work Experience

Dear students you are now on the final stretch of your work immersion course. At this juncture you need to revisit the things that have been done in the past few days. What are the events that are memorable to you, what are the key learning's that you have achieved and lastly you need to evaluate if the experiences gave you more confidence to face what lies ahead.

**Make a collage of your work experience**

Sample



## ACTIVITY 32 | Accomplishment Report

## ACCOMPLISHMENT REPORT

An accomplishment report involves summarizing their experiences, achievements, and skills acquired during their immersion period. Here's an outline you can follow:

1. Introduction
  - Briefly introduce the purpose of the report and the Work Immersion program.
2. Background
  - Provide essential details about the student, the immersion duration, and the host organization.
3. Tasks and Responsibilities
  - Outline the student's assigned tasks and responsibilities.
4. Skills Developed
  - List and describe the skills acquired during the immersion.
5. Achievements
  - Highlight notable accomplishments during the immersion.
6. Challenges and Growth
  - Discuss challenges faced and lessons learned.
7. Feedback
  - Include feedback from supervisors or mentors.
8. Conclusion
  - Summarize key points and highlight the value of the immersion.
9. Acknowledgments
  - Express gratitude to those who supported the student.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## MY UPDATED RESUME

### Activity 34 | Work Immersions Highlights

[illegible]

## MY REFLECTIONS

How did the experience change me as a person, and how will it help me in the future.

[illegible]

## Activity 36 | Work Immersion Diary

**Date:** \_\_\_\_\_

[illegible]

**Date:** \_\_\_\_\_

[illegible]

**Date:** \_\_\_\_\_

[illegible]

**Date:** \_\_\_\_\_

[illegible]

**Date:** \_\_\_\_\_

[illegible]

**Date:** \_\_\_\_\_

[illegible]

**Date:** \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

**Date:** \_\_\_\_\_

[illegible]

**Date:** \_\_\_\_\_

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**Date:** \_\_\_\_\_

[illegible]

## Work Immersion Portfolio

The Work Immersion Teacher and the Work Immersion Partner Institution Supervisor will jointly assess the learners' performance following the DepEd Order No. 8, s. 2015 (Policy Guidelines on Classroom Assessment for the K TO 12 Basic Education Program).

The Work Immersion Teacher shall then issue the Final Grade (from DepEd Order No. 30, S. 2017, Section 8. Page 11 of 11).

### Performance Assessment Form

#### I. PRE-IMMERSION

**Objectives:** Understanding work immersion by discussing:

- A. **Expected Behavior** – Work ethics, Safety in the workplace, workplace rights and responsibilities, confidentiality in the workplace, effective conflict resolution and teamwork skills
- B. **Appreciating the importance of credentials by:** writing a resume, filling out application forms, secure clearances, job interview skills training

#### Performance Indicator:

(10) - Excellent (9) - Very Good (8) - Good (7) - Fair, (6) - Poor Performance

\*To be rated by the Work Immersion Teacher and should be indicated in the Written Works 1

| Competency                       | Activity No. | Task/Output/Artefact                          | Performance Rating |   |   |   |   | Rate       |
|----------------------------------|--------------|-----------------------------------------------|--------------------|---|---|---|---|------------|
|                                  |              |                                               | 10                 | 9 | 8 | 7 | 6 | WI Teacher |
| A. (example)                     |              |                                               |                    |   |   |   |   |            |
| Work ethics                      | 1            | The Worker (Essay)                            |                    |   |   |   |   |            |
| Safety in the workplace          | 2            | Do's & Don'ts                                 |                    |   |   |   |   |            |
| Confidentiality in the workplace | 3            | Confidentiality in the Workplace              |                    |   |   |   |   |            |
| Effective conflict resolution    | 4            | Conflict Resolution                           |                    |   |   |   |   |            |
| B.                               |              |                                               |                    |   |   |   |   |            |
| Writing a resume                 | 5            | Sample Resume                                 |                    |   |   |   |   |            |
| Filling out application forms    | 6            | Application Letter                            |                    |   |   |   |   |            |
| Secure clearances                | 7            | Barangay,                                     |                    |   |   |   |   |            |
|                                  | 8            | Police,                                       |                    |   |   |   |   |            |
|                                  | 8            | Mayor's Clearance,                            |                    |   |   |   |   |            |
|                                  | 10           | Medical Certificate                           |                    |   |   |   |   |            |
| Job interview skills             | 11           | Job Interview                                 |                    |   |   |   |   |            |
| Other documents                  | 12           | Insurance Policy                              |                    |   |   |   |   |            |
|                                  | 13           | Parent's Consent                              |                    |   |   |   |   |            |
| Perfect Score: 130               |              | Total Raw Score                               |                    |   |   |   |   |            |
| Descriptor                       |              | Average = Total Raw Score / No. of activities |                    |   |   |   |   |            |

**Feedback of Work Immersion Teacher:**

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\_\_\_\_\_  
Name and Signature of Work Immersion Teacher

#### II. IMMERSION PROPER

A. **Objectives:** Appreciating management processes by observing, identifying and describing the following:

1. Nature of the business;
2. Description of the products/services;
3. Target clientele;
4. Organizational structure;
5. Company rules and regulations

Skills Indicator:

(10) - Excellent (9) - Very Good (8) - Good (7) - Fair (6) - Poor Performance

\*To be rated by the Work Immersion Partner Institution Supervisor and Work Immersion Teacher, to be indicated in the Performance Task 1

| Competency                             | Activity No. | Task/Output/Artefact                                                         | Performance Rating       |   |   |   |   | Rate              |                |
|----------------------------------------|--------------|------------------------------------------------------------------------------|--------------------------|---|---|---|---|-------------------|----------------|
|                                        |              |                                                                              | 10                       | 9 | 8 | 7 | 6 | Supervisor<br>60% | Teacher<br>40% |
| Nature of the business                 | 14           | Written narrative on company profile                                         |                          |   |   |   |   |                   |                |
| Description of the products / services | 14           | Pictures of products / services or written narrative on activities performed |                          |   |   |   |   |                   |                |
| Target clientele                       | 14           | Business profile                                                             |                          |   |   |   |   |                   |                |
| Organizational structure               | 15           | Organizational chart                                                         |                          |   |   |   |   |                   |                |
| Company rules & regulations            | 16           | Company handbook or list of rules & regulations                              |                          |   |   |   |   |                   |                |
| <b>Perfect Score: 50</b>               |              | <b>Total Raw Score</b>                                                       |                          |   |   |   |   |                   |                |
| <b>Descriptor</b>                      |              | <b>Average</b> = Total Raw Score/ no. of activities                          | <i>Ex. 10/ Excellent</i> |   |   |   |   |                   |                |

What went well? \_\_\_\_\_

What needs to be improved? \_\_\_\_\_

Feedback of Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Supervisor

Feedback of Work Immersion Teacher: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Immersion Teacher

- B. **Objectives:** Appreciating business processes by observing and participating in Safety / Production/ Maintenance / Quality Control / Quality Assurance / Customer Satisfaction / Housekeeping / Hygiene and others

Skills Indicator:

(10) - Excellent (9) - Very Good (8) - Good (7) - Fair (6) - Poor Performance

\*To be rated by the Work Immersion Partner Institution Supervisor and Work Immersion Teacher, indicated in the Performance Task 2

| Competency                                                                                                                          | Activity No. | Performance Task/Output/Artefact                                                                  | Performance Rating |   |   |   |   | Rate           |             |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------|--------------------|---|---|---|---|----------------|-------------|
|                                                                                                                                     |              |                                                                                                   | 10                 | 9 | 8 | 7 | 6 | Supervisor 60% | Teacher 40% |
| Safety / Production / Maintenance / Quality Control / Quality Assurance / Customer Satisfaction / Housekeeping / Hygiene and others | 17           | Written narrative on business processes of the company ( <i>may contain photos &amp; charts</i> ) |                    |   |   |   |   |                |             |
|                                                                                                                                     | 18           | Written report on activities performed                                                            |                    |   |   |   |   |                |             |
|                                                                                                                                     | 19           | Business process flow chart                                                                       |                    |   |   |   |   |                |             |
| <b>Perfect Score:</b> 30                                                                                                            |              | Total Raw Score:                                                                                  |                    |   |   |   |   |                |             |
| <b>Descriptor</b>                                                                                                                   |              | <b>Average</b> = Total Raw Score/ no. of activities                                               |                    |   |   |   |   |                |             |

What went well? \_\_\_\_\_

What needs to be improved? \_\_\_\_\_

Feedback of Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Supervisor

Feedback of Work Immersion Teacher: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Immersion Teacher

- C. **Objectives:** Applying skills learned and proper values acquired in school.

Skills Indicator:

(10) - Excellent (9) - Very Good (8) - Good (7) - Fair (6) - Poor Performance

To be rated by the Work Immersion Partner Institution Supervisor and Work Immersion Teacher, to be indicated in the Performance Task 3

| Competency                                                   | Activity No. | Task/Output/Artefact                                                                                                     | Performance Rating |   |   |   |   | Rate              |                |
|--------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------|--------------------|---|---|---|---|-------------------|----------------|
|                                                              |              |                                                                                                                          | 10                 | 9 | 8 | 7 | 6 | Supervisor<br>60% | Teacher<br>40% |
| Applying skills learned and proper values acquired in school | 20           | Daily Time Record                                                                                                        |                    |   |   |   |   |                   |                |
|                                                              | 21           | Daily Task Record or Daily Diary / Journal                                                                               |                    |   |   |   |   |                   |                |
|                                                              | 22           | Photos, illustrations of performed hands-on skills<br>Work Performance ( <i>includes knowledge and quality of work</i> ) |                    |   |   |   |   |                   |                |
|                                                              | 23           | Personal Traits 1 ( <i>based on pleasing appearance, courtesy, conduct, industriousness, and reliability</i> )           |                    |   |   |   |   |                   |                |
|                                                              | 24           | Personal Trait 2 ( <i>based on sociability, drive and leadership, mental maturity and stress tolerance</i> )             |                    |   |   |   |   |                   |                |
|                                                              | 25           | Other related tasks                                                                                                      |                    |   |   |   |   |                   |                |
| Perfect Score: 60                                            |              | Total Raw Score                                                                                                          |                    |   |   |   |   |                   |                |
| Descriptor                                                   |              | Average = Total Raw Score / no. of activities                                                                            |                    |   |   |   |   |                   |                |

What went well? \_\_\_\_\_

What needs to be improved? \_\_\_\_\_

Feedback of Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Supervisor

Feedback of Work Immersion Teacher: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Immersion Teacher

### III. POST WORK IMMERSION

#### A. Objectives: Evaluating the Work Immersion Experience

Skills Indicator: (10) - Excellent (9) - Very Good (8) - Good (7) - Fair (6) - Poor Performance

\*To be rated by the Work Immersion Teacher and should be indicated in the Written Works 2

| Competency                                                               | Activity No. | Task/Output/Artefact                                                                | Performance Rating |   |   |   |   | Rate Teacher |
|--------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------|--------------------|---|---|---|---|--------------|
|                                                                          |              |                                                                                     | 10                 | 9 | 8 | 7 | 6 |              |
| Presenting a portfolio with entries                                      | 26           | Accomplished forms, Collage                                                         |                    |   |   |   |   |              |
| Comparing school and work application of skills, knowledge, and attitude | 27           | Accomplishment Report and/or Weekly diary ( <i>issues faced &amp; resolutions</i> ) |                    |   |   |   |   |              |
| Writing an updated resume                                                | 28           | Updated Resume                                                                      |                    |   |   |   |   |              |
| Reflecting on experiences                                                | 29           | Work Immersion Highlights                                                           |                    |   |   |   |   |              |
|                                                                          | 30           | Reflections                                                                         |                    |   |   |   |   |              |
|                                                                          |              | Completion Certificate                                                              |                    |   |   |   |   |              |
| Perfect Score: 40                                                        |              | Total Raw Score                                                                     |                    |   |   |   |   |              |
| Descriptor                                                               |              | Average = Total Raw Score/ no. of activities                                        |                    |   |   |   |   |              |

What went well? \_\_\_\_\_

\_\_\_\_\_

What needs to be improved? \_\_\_\_\_

\_\_\_\_\_

Feedback of Supervisor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Immersion Teacher

## B. Self-evaluation Sheet

## WORK IMMERSION EVALUATION FORM

SENIOR HIGH SCHOOL DEPARTMENT

NAME: \_\_\_\_\_ WORK IMMERSION VENUE: \_\_\_\_\_

PLEASE RATE THE STUDENT'S OVERALL WORK IMMERSION PERFORMANCE ACCORDING TO THE RATING SCALE BELOW.

- 1- DID NOT MEET THE JOB REQUIREMENTS- Significant performance improvement urgently need.
- 2- MET MINIMUM JOB REQUIREMENTS- Work improvement plan was needed to bring performance to a satisfying level.
- 3- MET NORMAL JOB REQUIREMENTS WITH FEW EXCEPTIONS- Improvements in performance on one or more elements.
- 4- FULL MET JOB REQUIREMENTS- Performed what was expected of a person in his/her position.
- 5- EXCEEDED JOB REQUIREMENTS- Student performance was impressive, exceeded what is normally expected in this position.
- N/A- NOT APPLICABLE

| CRITERIA/RATING                                                                                                   | 5 | 4 | 3 | 2 | 1 |
|-------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| <b>Work Habits</b>                                                                                                |   |   |   |   |   |
| 1. Punctuality                                                                                                    |   |   |   |   |   |
| 2. Reports Regularly                                                                                              |   |   |   |   |   |
| 3. Performs task without much supervision                                                                         |   |   |   |   |   |
| 4. Practices self-discipline in his/her work                                                                      |   |   |   |   |   |
| 5. Demonstrate dedication and commitment to the task assigned to him or her                                       |   |   |   |   |   |
| <b>WORK HABITS TOTAL</b>                                                                                          |   |   |   |   |   |
| <b>Work Skills</b>                                                                                                |   |   |   |   |   |
| 1. Demonstrate the ability to perform the task on hand                                                            |   |   |   |   |   |
| 2. Handles the details of the work assigned to him/her                                                            |   |   |   |   |   |
| 3. Shows flexibility (whenever the need arises) in the process of going through his/her task.                     |   |   |   |   |   |
| 4. Manifest thoroughness and precise attention to details                                                         |   |   |   |   |   |
| 5. Fully understand the linkages or connection between his/her task to previous , intervening and subsequent task |   |   |   |   |   |
| 6. Usually comes up with sound suggestions to problems.                                                           |   |   |   |   |   |
| <b>WORK SKILLS TOTAL</b>                                                                                          |   |   |   |   |   |
| <b>Social Skills</b>                                                                                              |   |   |   |   |   |
| 1. Shows task in dealing with different people he/she comes in contact with                                       |   |   |   |   |   |
| 2. Shows respect and courtesy in dealing with peers and supervisors                                               |   |   |   |   |   |
| 3. Willingly help others (whenever necessary) in the performance of their task                                    |   |   |   |   |   |
| 4. Is capable of learning from and listening to co-workers                                                        |   |   |   |   |   |
| 5. Shows appreciation and gratitude for any form of assistance granted to him/her by others.                      |   |   |   |   |   |
| 6. Shows poise, self-confidence and is always well groomed.                                                       |   |   |   |   |   |
| 7. Shows emotional maturity                                                                                       |   |   |   |   |   |
| <b>SOCIAL SKILLS TOTAL</b>                                                                                        |   |   |   |   |   |
| <b>OVERALL TOTAL RATING</b>                                                                                       |   |   |   |   |   |

Immersion Supervisor's Signature over Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Immersion Student's Signature over Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Strand: \_\_\_\_\_ Section: \_\_\_\_\_

## References

CABIGAS, Marie Emerald A. Work Immersion Portfolio. Alubijid National Comprehensive High School. Department of Education. Misamis Oriental

HADEN, Jeff. [https://www.inc.com/27 Most Common Job Interview Questions and Answers.](https://www.inc.com/27-Most-Common-Job-Interview-Questions-and-Answers/) Accessed Sept. 16, 2018

### Websites

<https://www.themuse.com> <https://www.myinterviewpractice.com> [www.lucidchart.com](http://www.lucidchart.com)