**外国人来华工作许可申请表**

**(来华工作90天以下)**

**APPLICATION FORM FOR FOREIGNER'S WORK PERMIT**

**（WORKING PERIOD OF MORE THAN 90 DAYS）**

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| 外国人工作许可证号CURRENT WORK PERMIT NUMBER |  |
| 姓（如护照所示）SURNAME (As in Passport) |  | 名（如护照所示）FIRST AND MIDDLE NAMES (As in Passport) |  | 照片PHOTO |
| 其他曾用姓氏（英文）OTHER SURNAME USED |  | 其他曾用名字（英文）OTHER FIRST AND MIDDLE NAMES USED |  |
| 中文姓名 CHINESE NAME |  | 性别 GENDER |  |
| 出生日期DATE OF BIRTH(yyyy-mm-dd) |  | 婚姻状况MARITAL STATUS |  |
| 国籍NATIONALITY |  | 出生地PLACE OF BIRTH(country) |  | 护照类型PASSPORT TYPE |  |
| 护照号码PASSPORT NUMBER |  | 护照签发日期ISSUANCE DATE |  | 护照有效期至EXPIRATION DATE(yyyy-mm-dd) |  |
| 最高学位HIGHEST ACADEMIC DEGREE |  | 汉语水平CHINESE PROFICIENCY |  | 工作单位EMPLOYER |  |
| 申请在中国境内工作地点INTENTED WORKING PLACE（S）IN CHINA |  | 申请在华工作时间INTERTED LENGTH OF WORKING TIME IN CHINA |  | 申请人电子邮箱E-MAIL ADDRESS |  |
| 聘用合同/任职证明在华工作起始时间INTENTED WORKING TIME IN CHINA |  | 申请在中国工作职务 INTENTED JOB TITLE IN CHINA |  | 工作岗位（职业）OCCUPATION |  |
| 聘用方式EMPLOYMENT METHOD |  | 所属行业INDUSTRY CATEGORY |  | 薪酬SALARY(monthly) |  |
| 在中国工作任务JOB DESCRIPTION IN CHINA |  | 拟签证国家或地区THE COUNTRY/PREFECTURE FOR VISA |  |  |  |
| 其他在华工作地点OTHER INTENTED WORKING PLACE（S）IN CHINA | 1. 省 市2. 省 市  |
| 随行人员STAFF OF THE GROUP | 姓名 国籍 护照号NAME NATIONALITY PASSPORT NUMBER1.2.3. |
| 列出曾就读的高等教育学校（含职业教育学校）LIST ALL HIGHER EDUCATIONAL INSTITUTIONS YOU HAVE ATTENTED (INCLUDING VOCATIONAL INSTITUTIONS) |
| 名称 NAME | 所在国家 LOCATION | 就读时间 DATES OF ATTENDANCE | 专业SPECIALITY | 教育类型 EDUCATIONAL TYPE | 学位  ACADEMIC QUALIFICATION |
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| 列出曾工作的单位LIST ALL EMPLOYERS YOU HAVE WORKED FOR |
| 名称 NAME | 工作所在国家LOCATION | 起止时间 DATES | 工作岗位OCCUPATION | 职务  JOB TITLE | 工作任务 JOB DESRIPTION |
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| 在华紧急联系人EMERGENCY CONTACT PERSON IN CHINA |  | 与申请人关系RELATIONSHIP TO THE APPLICANT |  |
| 联系电话EMERGENCY CONTACT TELEPHONE NUMBER |  | 电子邮箱E-MAILADDRESS |  |
|  | □否 NO |
| □是 YES |
| □否 NO |
| 本人郑重承诺，在本国及境外无犯罪记录，来华工作后，将严格遵守中国法律法规，自觉服从聘请单位各项管理制度。本申请表上所做之回答均属事实且详尽，所附材料真实、有效，若所提交的内容被发现不实或不详，本人愿意承担法律责任。对所提交的全部申请信息和附件授权可以调查，包括我的雇佣情况、工作表现、工作能力、教育、个人经历和无犯罪记录。如果我已超过60周岁，确保在中国工作期间有相应的医疗保险。I SOLEMNLY PROMISE THAT I HAVE NO CRIMINAL RECORD BOTH AT MY HOME COUNTRY AND ABROAD. WHEN I ARRIVE IN CHINA AND START TO WORK, I WILL STRICTLY ABIDE BY THE CHINESE LAWS AND REGULATIONS, AND CONSCIOUSLY OBEY THE MANAGEMENT SYSTEM OF THE EMPLOYING INSTITUTION. I CERTIFY THAT ALL THE ANSWERS TO THIS APPLICATION AND RELEVANT ATTACHMENTS TO IT ARE TRUE AND COMPLETED. IF THE INFORMATION IS FOUND TO BE UNTRUE OR UNCOMPLETED, I AM AWARE THAT I NEED TO UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES.I UNDERSTAND THAT ALL OF THE INFORMATION IN THIS APPLICATION AND DOCUMENTS SUBMITTEDWITH THIS APPLICATION MAY BE CHECKED BY RELEVANT PARTIES, INCLUDINGMY EMPLOYMENT, WORK PERFORMANCE,ABILITIES,EDUCATION,PERSONAL EXPERIENCES AND CONVICTION RECORDS.I CONFIRM THAT, IF I AM OVER SIXTY YEARS OLD,I WILL APPLY FOR MEDICAL INSURANCE COVERAGE AS ARE NEEDED DURING MY WORK PERIOD IN CHINA. |
|   申请人签名SIGNATURE OF APPLICANT |
|  |  日期DATE(yyyy-mm-dd) |  |  |
| 用人单位承诺如实向行政机关提交有关材料和反映真实情况，并对申请材料实质内容的真实性负责,承担相关法律责任。 |
| THE EMPLOYER HEREBY DECLARES THAT ALL THE DOCUMENTS AND INFORMATIONS SUBMITTED TO THE AUTHORITY ARE TRUE,AND SHALL BE RESPONSIBLE TO THE AUTHENTICITY OF THE DOCUMENTS AND UNDERTAKE CORRESPONDING LEGAL RESPONSIBILITIES. |
| 用人单位公章（Seal of Employer）年 月 日YYYY MM DD |