**外国人来华工作许可申请表**

**(来华工作90天以上)**

**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 | |  | | 是否掌握其他语言PROFICIENCY OF OTHER LANGUAGE | |  |
| 是否持有境外职业资格证书HAVE YOU EVER OBTAINED ANY PROFESSIONAL QUALIFICATION CERTIFICATE ABROAD? | |  | | 职业资格证书名称和编号NAME AND NUMBER OF PROFESSIONAL QUALIFICATION CERTIFICATES | |  | | 申请人电子邮箱E-MAIL ADDRESS | |  |
| 列出所有曾授予你护照的国家LIST ALL COUNTRIES THAT EVER ISSUED YOU A PASSPORT | |  | | 列出所有曾使用过的护照号码LIST ALL PASSPORT NUMBERS THAT YOU EVER HAVE USED | |  | | 与任职相关工作经验RELATED WORKING EXPERIENCE AND LENGTH OF WORKING TIME | |  |
| 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) | |  |
| 申请在华工作时间INTENTED WORKING TIME IN CHINA | |  | | 每年在华工作时间（月)WORKING TIME IN CHINA PER YEAR(months) | |  | | 是否毕业于世界知名大学IF YOU ARE GRADUATED FROM WORLD RENOWNED UNIVERSITIES | |  |
| 是否需要行业主管部门批准HAVE YOU OBTAINED APPROVAL FROM RELATED CHINESE INDUSTRY AUTHORITY? | |  | | 行业主管部门名称NAME OF INDUSTRY AUTHORITY | |  | | 行业主管部门批准证书文号 APPROVAL DOCUMENT NUMBER | |  |
| 在中国工作任务JOB DESCRIPTION IN CHINA | |  | | | | | | | | |
| 拟签证国家或地区THE COUNTRY/PREFECTURE FOR VISA | |  | | | | | | | | |
| 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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| 随行家属情况 ACCOMPANYING FAMILY MEMBERS | | | | | | | | | | |
| 是否有家属随行DO YOU HAVE ANY ACCOMPANYING MEMBER? |  | | | 人数NUMBER OF THE ACCOMPANYING MEMBERS | | |  | | |  |
| 随行家属姓名  NAME (As in Passport) | 出生日期  DATE OF BIRTH(yyyy-mm-dd) | 性别  GENDER | | 国籍  NATIONALITY | | | 与申请人关系  RELATIONSHIP TO THE APPLICANT | | | 护照号码  PASSPORT NUMBER |
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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 | |  | | | | | | |
| 申领外国人工作许可证  APPLICATION FOR FOREIGNER'S WORK PERMIT | | | | | | | | | | |
| 是否已入境ARE YOU CURRENTLY IN CHINA? |  | 持有签证种类 TYPE OF VISA HELD | | |  | 入境时间DATE OF ENTRY | | | |  |
| 签证号码VISA NUMBER |  | | | | | | | | | |
| 您是否由于犯有任何罪行而曾经被逮捕或被判有罪，即使后来得到了赦免或收回等其他类似措施？HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY OFFENSE OR CRIME, EVEN THOUGH SUBJECT OF A PARDON, AMNESTY OR OTHER SIMILAR LEGAL ACTION? | | | | | | | | | | □是 YES |
| □否 NO |
| □是 YES |
| □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 | | | | | | | | | | |