**外国人来华工作许可申请表**

APPLICATION FORM FOR FOREIGNER'S WORK PERMIT

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| 申请编号APPLICATION NO |  |
| 姓（如护照所示）SURNAME (As inPassport) |  | 名（如护照所示）FIRST AND MIDDLENAMES (As in Passport) |  |  |
| 别名或曾用名（英文）OTHER NAME USED |  | 中文姓名（仅外籍华人CHINESE NAME(Foreign Chinese Only) | ） |
| 性别GENDER |  | 国籍NATIONALITY |  |
| 出生日期DATE OF BIRTH(yyyy-mm-dd*)* |  | 婚姻状况MARITAL STATUS |  |
| 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EXPIRATIONDATE(yyyy-mm-dd) |  | 最高学位（学历） HIGHEST ACADEMIC DEGREE |  | 汉语水平CHINESE PROFICIENCY |  |
| 是否持有境外职业资格证书 HAVE YOU EVER OBTAINED ANY PROFESSIONAL QUALIFICATIONCERTIFICATE 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 APASSPORT |  | 工作年限 WORKING EXPERIENCE AND LENGTH OF WORKING TIME |  | 工作岗位（职业）OCCUPATION |  |
| 聘用合同/任职证明在华 工作起始时间INTENDED WORKING TIME INCHINA |  | 申请在中国工作职务INTENDED JOB TITLE IN CHINA |  | 所属行业 INDUSTRY CATEGORY |  |
| 聘用方式 EMPLOYMENT METHOD |  | 薪酬 SALARY(monthly) |  | 公认职业成就RECOGNIZED PROFESSIONALACHIEVEMENT |  |
| 申请在华工作时间INTENDED WORKING TIME IN CHINA |  | 每年在华工作时间（月)WORKING TIME IN CHINA PERYEAR(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 RELATEDCHINESE 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 |  |

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| 是否持有中国职业资格证书（准入类）HAVE YOU EVER OBTAINED ANY CHINESE PROFESSIONAL QUALIFICATION CERTIFICATE (forindustry access)? |  | 职业资格证书（准入类名 称 NAME OF CHINESE PROFESSIONAL QUALIFICATION CERTIFICATES(forindustry access) | ） | 职业资格证书号码NUMBER OF CHINESE PROFESSIONAL QUALIFICATION CERTIFICATESOBTAINE D(for industry access) |  |
| 是否曾在世界 500 强企 业、知名金融机构或律师事务所等任职 DO YOU HAVE ANY EXPERIENCE IN WORLD TOP 500 COMPANIES,WELL-KN OWN FINANCIAL INSTITUTIONS ORLAWFIRMS? |  | 在上述单位曾担任最高职务 HIGHEST POSITION YOU HAVE EVER HELD IN AFOREMENTIONED ORGANIZATIONS |  |
| 是否有专利等知识产权IS THERE A PATENT AND OTHERINTELLECTUAL PROPERTY RIGHTS |  | 已连续在华工作年限CONSECUTIVE WORKING YEARS IN CHINA |  |
| 境外派遣单位名称NAME OF DISPATCHING INSTITUTION ABROAD |  | 派遣单位所在国家LOCATION OF DISPATCHING INSTITUTIONABROAD |  |
| 在中国工作电话BUSINESS TELEPHONENUMBERIN CHINA |  | 在中国工作任务 JOB DESCRIPTION IN CHINA |  |
| 列出曾就读的高等教育学校（含职业教育学校，如无高等教育经历，请填写最高学历）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 | 学位ACADEMIC QUALIFICATION |
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| 列出曾工作的单位(近十年内)LIST ALL EMPLOYERS YOU HAVE WORKED FOR IN LAST TEN YEARS |
| 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 |  | 联系电话EMERGENC Y CONTACT TELEPHONE NUMBER |  | 电子邮箱 E-MAIL ADDRESS |  |

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| 申领外国人工作许可证APPLICATION FOR FOREIGNER'S WORK PERMIT |
| 入境时间DATE OF ENTRY |  | 持有签证种类 TYPE OF VISAHELD | 其他 | 签证号码 VISA NUMBER | 100415490 |
| 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 OROTHER SIMILAR LEGAL ACTION? | □是 YES |
| □否 NO |
| 您是否曾感染过对公共健康有影响的传染病或患过可造成危险的身体疾病或精神病？ HAVE YOU EVER BEEN AFFLICTED WITH A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE OR A DANGEROUS PHYSICAL OR MENTALDISORDER? | □是 YES |
| □否 NO |
| 您是否曾违反中国法律，被中国政府递解出境？HAVE YOU EVER VIOLATED THE LAW OF CHINA, AND DEPORTED FROM CHINA? | □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 |