

外国人来华工作许可申请表

(来华工作 90 日以上)

APPLICATION FORM FOR FOREIGNER'S WORK PERMIT

(WORKING PERIOD OF MORE THAN 90 DAYS)

申请单位名称					
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	
别名或曾用名 (英文) OTHER NAME USED		中文姓名 CHINESE NAME			
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 EXPIRATION DATE(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 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		工作年限 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 IN CHINA		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 PROFESSIONAL ACHIEVEMENT	
申请在华工作时间 INTENDED LENGTH OF 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 ARE YOU GRADUATED FROM WORLD RENOWNED UNIVERSITIES	
是否需要行业主管部门 批准 DO YOU NEED 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	
是否持有中国职业资格 证书(准入类)HAVE YOU EVER OBTAINED ANY CHINESE PROFESSIONAL QUALIFICATION CERTIFICATE (For Vocational Accession)?		职业资格证书 (准入类) 名称 NAME OF CHINESE PROFESSIONAL QUALIFICATION CERTIFICATES(For Vocational Accessio)		职业资格证书号码 NUMBER OF CHINESE PROFESSIONAL QUALIFICATION CERTIFICATES OBTAINED	

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-KNOWN FINANCIAL INSTITUTIONS OR LAW FIRMS?		在上述单位曾担任最高职务 HIGHEST POSITION YOU HAVE EVER HELD IN AFOREMENTIONED ORGANIZATIONS		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 INSTITUTION ABROAD		是否有专利等知识产权 POSSESS ANY PATENT OR OTHER INTELLECTUAL PROPERTY RIGHTS	
在中国工作电话 BUSINESS TELEPHONE NUMBER IN 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 ATTENDED (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	
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 DESCRIPTION
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
申请单位联系人 EMERGENCY CONTACT PERSON IN CHINA		联系电话 EMERGENCY CONTACT TELEPHONE NUMBER	电子邮箱 E-MAIL ADDRESS		

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 VISA HELD		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?					<input type="checkbox"/> 是 YES
					<input type="checkbox"/> 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 MENTAL DISORDER?					<input type="checkbox"/> 是 YES
					<input type="checkbox"/> 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?					<input type="checkbox"/> 是 YES
					<input type="checkbox"/> 否 NO
<p>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。</p> <p>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 SUBMITTED WITH THIS APPLICATION MAY BE CHECKED BY RELEVANT PARTIES, INCLUDING MY 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.</p> <p style="text-align: center;"> 申请人签名 SIGNATURE OF APPLICANT 日期 DATE(yyyy-mm-dd) </p>					
<p>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。</p> <p>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.</p> <p style="text-align: center;"> 用人单位公章 SEAL OF EMPLOYER 日期 DATE(yyyy-mm-dd) </p>					