**外国专家来华工作许可申请表**

**Foreign Experts Working Permit Application Record**

专家类别： □ 经技类 □ 文教类

working field： Economics and Technology Cultural and Education

**DO NOT WRITE IN THIS SPACE**

37\*37 PHOTO

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2寸免冠照片

请用胶水将照片附于此处

姓*（如护照所示）*：

SURNAME *(As in Passport)*

名*（如护照所示）*：

FIRST AND MIDDLE NAME *(As in Passport)*

其它曾用姓氏*（外文）*：

OTHER SURNAME USED *(Maiden, Religious, Professional, Aliases)*

其它名字*（外文）*：

OTHER FIRST AND MIDDLE NAMES USED

出生年月日： 国籍： 护照号码：

DATE OF BIRTH *(yy-mm-dd)* NATIONALITY PASSPORT NUMBER

译名： 性别: □男 □女

CHINESE NAME SEX MALE FEMALE

出生地*（外文）*：国家 省份 城市

PLACE OF BIRTH *(Country-State-/Province-City)*

住址*(国家、省、市、街道、单元号码、邮编,外文填写)*：

 HOME ADDRESS IN COUNTRY OF ORIGIN *(Include apartment*

 *Number, street, city, state or province, postal code, and country)*

住址电话： 电子信箱地址：

HOME TELEPHONE NUMBER E-MAIL ADDRESS

最高学历：

EDUCATION BACKGROUND

现工作单位

CURRENT WORK UNIT

聘用单位名称、地址： 上海海洋大学

 上海南汇区临港新城沪城环路999号\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME AND STREET ADDRESS OF EMPLOYER IN CHINA *(Postal box number unacceptable)*

聘用单位联系人地址、电话、传真： 吴成纯 电话61900280 传真 61900285

NAME AND STREET ADDRESS OF EMPLOYER IN CHINA TELEPHONE AND FAX NUMBER AND CONTACT PERSON *(Postal box number unacceptable)*

在中国拟聘职务： 英语教师

POSITION IN CHINA

在中国拟承担任务： 教学

YOUR WORKING MISSIONS IN CHINA

拟抵中国时间：

WHEN WILL YOU ARRIVE IN CHINA?

预计停留时间： #年

HOW LONG DO YOU INTENT TO STAY IN CHINA?

列出所有曾经授予你护照的国家：

LIST ALL COUNTRES THAT HAVE EVER ISSUED YOU A PASSPORT

你是否曾经在中国工作过？ □是 □否

HAVE YOU EVER WORKED IN CHINA? Yes No

何时? 何地?

WHEN WHERE

你是否曾经申请过外国专家来华工作许可？ □是 □否

HAVE YOU EVER APPLIED ANY OTHER FOREIGN EXPERTS WORKING PERMIT IN CHINA Yes No

何时? 何地?

WHEN WHERE

此表可由www.safea.gov.cn网站下载。

**随行家属情况**

ACCOMPANYING FAMILY MEMBER

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1** | **2** | **3** |
| 姓名*（如护照所示）*NAME | 姓SURNAME |  |  |  |
| 名FIRST AND MIDDLE NAME |  |  |  |
| 与申请人关系RELATIONSHIP TO THE APPLICANT |  |  |  |
| 国籍NATIONALITY |  |  |  |
| 护照号码PASSPORT NUMBER |  |  |  |

证件代办人签名：

SIGNATURE OF THE SPONSOR OF APPLICANT

日期：

DATE *(yy-mm-dd)*

代办人联系电话：

TELEPHONE NUMBER OF THE SPONSOR OF APPLICANT

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