附件1-1：

**暨南大学聘用高层次外国专家、外籍引进人才及博士后**

**办理程序**

|  |  |
| --- | --- |
| **入境前** | |
| **1.聘用单位甄选人才及签订人才引进协议** | 各聘用单位负责甄选人才，受聘人员与人事处签订人才引进协议后提供相关材料给国际交流合作处处。  国际交流合作处仅负责为受聘人员办理来华工作许可、外国专家证及居留许可。 |
| **2. 办理来华工作许可通知或外国高端人才确认函** | 国际交流合作处向广州市科技局申请办理来华工作许可通知书或外国高端人才确认函。  提交完整材料后，审批流程需时约1个月。 |
| **3. 发送来华工作许可通知或外国高端人才确认函** | 聘用单位出具英文邀请函，连同来华工作许可通知或外国高端人才确认函电子版发送给受聘人员。 |
| **4. 申请工作签证（Z签证）或人才签证（R签证）** | 受聘人员在我驻外使领馆申请工作签证（Z签证）或人才签证（R签证），并于开学前一周入境。所需时间需视使领馆办理时间而定，疫情期间，出入境相关政策以国家实时公布为准。 |
| **入境后** | |
| **5. 接机** | 聘用单位组织接机及安排受聘人员住宿事宜。 |
| **6.办理临时住宿登记表** | 受聘人员入境后24小时内前往住宿所在地派出所办理临时住宿登记表。 |
| **7.办理《外国人来华工作许可证》** | 入境后第一个工作日提交相关材料由国际交流合作处为其申办《外国人来华工作许可证》。提交完整材料后，审批流程需时约2周。 |
| **8.体检** | 在办理以上手续的同时，受聘人员前往广州国际旅行卫生保健中心体检，时间约需1周。（地址：天河区龙口西路207号，需先在广州国际旅行卫生保健中心微信公众号上进行预约，或电话预约87537322，87548300） |
| **9.照相** | 受聘人员前往照相馆拍摄居留许可照片并取得照片回执。 |
| **10.办理《居留许可证》** | 受聘人员入境后30日内，携相关材料前往广州市公安局出入境办理《中华人民共和国外国人居留许可证》。提交完整材料后，审批流程需时约2周,在此期间护照需存放在出入境。 |

附件1-2：

暨南大学聘用高层次外国专家及外籍引进人才

一、入境前所需材料清单

所有材料均需提交纸质版和电子版（电子版需为彩色扫描件）

1. 暨南大学聘用长期外国专家申请表（外籍引进人才及博士后）（附件1-3）；

2. 外国专家来华工作许可申请表(附件1-4);

3. 受聘人员护照个人信息页复印件；

4. 聘请合同（中英文合同），合同中必须有保险（意外险和医疗险）的条款，如果没有，需要在合同中补充，不能以说明的形式附加（若办理高端人才确认函，入境前可只提供协议或邀请函，入境后再补充正式合同）；

5. 个人简历（包括教育、工作经历、国外住址电话）（外国高端人才则重点陈述其突出成就）；

6. 前单位出具的工作资历证明；

7. 最高学历、学位证书、相关职称证书及专业资格证书复印件（学历、学位证书需经受聘人员所在国的中国驻当地使、领馆认证；

8. 正规医疗机构出具的健康证明（需列出具体检查项目），有效期在六个月内；

9. 受聘人员6个月内正面免冠白底电子照片，规格不低于354（宽）\*472（高）像素，不大于420（宽）\*560（高）像素;

10. 无犯罪记录证明复印件（由外国专家国籍国或经常居住地警察、安全、法院、公证机关等部门出具，须经国籍国驻华使领馆或我驻外使领馆认证。经常居住地指外国专家离开国籍国最后连续居住一年以上的国家或地区，不包括中国境内）；

11. 如有随行家属，请电询所需材料；

特别说明：

* 上述材料如为英文材料请附中文翻译件,所有材料须加盖单位公章。
* 申请来华工作许可通知办理Z签证则需上述所有材料，对于符合条件的A类高端人才，其中第6、7、8、10项材料可用承诺函代替；
* 符合条件的A类高端人才可申请外国高端人才确认函办理R签证，则仅需提供第1、2、3、4、5、9、（11）项材料；
* 请受聘人员携带所有原件入境，入境后需递交广州市科技局窗口核验。

二、入境后办理来华工作许可证所需材料

除以上入境前所提交的材料原件外，入境后办理来华工作许可证还需提供入境后体检结果（白单）、护照原件、来华签证页复印件和合同（入境前未提供）。

三、入境后办理居留许可所需材料

首次办理居留许可需本人前往，备齐相关材料后可由我处协助预约，按预约时间携带相关材料前往广州市公安局出入境管理部门办理，所需材料包括：

护照及签证的原件及复印件；外国人签证证件申请表；签证照片及回执；临时住宿登记表；体检证明（信封装）（首次申请需提供）；来华工作许可证及准予行政许可决定书；工作单位的证明函件；公安机关要求的其它材料等。

附件1-3：

**暨南大学聘用长期外国专家申请表（外籍引进人才及博士后）**

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **拟聘用长期外国专家基本情况** | | | | | | | | | | | | | | | | | | |
| 姓名(护照用名) | |  | | | | | | | | | 性别 | |  | | 国籍 |  | | |
| 职业 | |  | | 职称 | |  | | | | | 学历 | |  | 专业 | |  | | |
| 护照号码 | |  | | | | 出生时间 | | | | | 年 月 日 | | | | | | | |
| 聘用期限 | | 年 月 日至 年 月 日 | | | | | | | | | | | | | | | | |
| 随行家属  基本情况 | | 配偶姓名 国籍 护照号码  子女姓名 国籍 护照号码 | | | | | | | | | | | | | | | |
| 拟入境时间 | | 年 月 日 | | | | | | 拟申请来华签证使领馆所在城市名称 | | | | | | | | |  | |
| 国内联系电话 | |  | 电子邮箱 | | | |  | | | | | 国内住址 | |  | | | |
| 保险事宜 | | 是否已购买在华其间的人身意外保险和住院医疗保险 □是 □否  保险金额： RMB/年  投保公司： 经纪人及联系方式： | | | | | | | | | | | | | | | |
| **主要工作内容（选择以下类型，并作出具体说明）** | | | | | | | | | | | | | | | | | | |
| 工作内容 | | □ 教学 □ 科研 □ 管理  说明：（请另附纸） | | | | | | | | | | | | | | | | |
| **薪酬及经费来源** | | | | | | | | | | | | | | | | | | |
| 薪酬及  其它待遇 | |  | | | | | | | | | | | | | | | | |
| 经费来源： | | □学校经费 □自筹经费（包括其他渠道经费） | | | | | | | | | | | | | | | | |
| **聘用单位意见（单位盖章）** | | | | | | | | | | | | | | | | | | |
| 负责人（签名）：  （单位盖章） | | | | | 联 络 人 | | | | | （对上述信息确认并签名） | | | | | | | | |
| 联系电话 | | | | |  | | | | | | | | |
| 电子邮箱 | | | | |  | | | | | | | | |
| **以下由审批单位填写** | | | | | | | | | | | | | | | | | | |
| 审  批  意  见 | 人力资源开发与管理处（单位盖章）  负责人意见（签名）  年 月 日 | | | | | | | | 国际交流合作处（单位盖章）  负责人意见（签名）  年 月 日 | | | | | | | | | |

附件1-4：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **外国人来华工作许可申请表**  **APPLICATION FORM FOR FOREIGNER'S WORK PERMIT** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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 | |  |
| 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 industry access)? | |  | | | 职业资格证书（准入类）名称NAME OF CHINESE PROFESSIONAL QUALIFICATION CERTIFICATES(for industry access) | | |  | | | | | 职业资格证书号码NUMBER OF CHINESE PROFESSIONAL QUALIFICATION CERTIFICATESOBTAINED  (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-KNOWN FINANCIAL INSTITUTIONS OR LAWFIRMS? | |  | | | 在上述单位曾担任最高职务HIGHEST POSITION YOU HAVE EVER HELD IN AFOREMENTIONED ORGANIZATIONS | | |  | | | | | 是否入选中国国内相关人才计划 IF YOU ARE SELECTED AS A CANDIDATE OF ANY CHINA'S TALENT PLAN | |  |
| 公认职业成就RECOGNIZED PROFESSIONAL ACHIEVEMENT | |  | | | | | | | | | | | | | |
| 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 | | | | |  | |
| 在中国工作电话 BUSINESS TELEPHONENUMBER IN CHINA | |  | | | | | | | 在中国工作传真 BUSINESS FAX 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）  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 | |
|  |  | | |  | | |  | | | |  | | |  | |
|  |  | | |  | | |  | | | |  | | |  | |
|  |  | | |  | | |  | | | |  | | |  | |
|  |  | | |  | | |  | | | |  | | |  | |
|  |  | | |  | | |  | | | |  | | |  | |
| 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 | |
|  |  | | |  | | |  | | | |  | | |  | |
|  |  | | |  | | |  | | | |  | | |  | |
|  |  | | |  | | |  | | | |  | | |  | |
|  |  | | |  | | |  | | | |  | | |  | |
|  |  | | |  | | |  | | | |  | | |  | |
| 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 | |
|  |  | |  | | |  | | | |  | | | |  | |
|  |  | |  | | |  | | | |  | | | |  | |
|  |  | |  | | |  | | | |  | | | |  | |
|  |  | |  | | |  | | | |  | | | |  | |
|  |  | |  | | |  | | | |  | | | |  | |
|  |  | |  | | |  | | | |  | | | |  | |
| 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 | |
| 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? | | | | | | | | | | | | | | □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 | | | | | | | | | | | | | | | |