Contract Labor Registration Form of Jinan University

*Please read the instructions at the back of the form before filling in.*

Form No.：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name | |  | | | | | | Gender | | |  | | | （photograph） |
| Date of Birth | |  | | | | | | Highest academic qualification | | |  | | |
| Nationality | |  | | | | | | Date of Work in JNU | | |  | | |
| Residential address | |  | | | | Date of Work in China | |  | | | | | | |
| Mobile No. | |  | | | | | | | | | | | | |
| Passport No. | |  | |  |  | | | |  | Wage Payment Department | | |  | |
| Marital Status | |  | | | | | Name of Spouse | | | | |  | | |
| Contract period | | |  | | | | | | | | | | | |
| Work or study experience | Start and Stop Time | | | | | | | Workplace, Department, Position (or Study) | | | | | | |
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| Emergency Contact | Emergency Contact Name（Must fill）：  Emergency Contact Address（Must fill）：  Mandatary’s name (2-3 persons  )：  Mobile No. ： Date： | | | | | | | | | | | | | |
| Department of work | Job position：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp  Date: | | | | | | | | | | | | | |
| College of work | Stamp  Date: | | | | | | | | | | | | | |
| Human resource department | Stamp  Date: | | | | | | | | | | | | | |
| Statement | 1. I guarantee that there is no labor relationship with anycompanies, no criminal or civil disputes, and no illegal acts. I declare that the information given above is correct and complete to the best of my knowledge and belief，if any material is untrue or concealed, the signed labor contract will be invalid from beginning to end, and all consequences and liabilities arising there from shall be borne by myself.  2. I have read, understood and agreed to abide by the relevant regulations  of Jinan University.  3. Notices and certificates sent to me by the unit shall be deemed to be delivered as long as they are sent by express mail to my residential address  or the address of the emergency contact person. If a refusal occurs, it shall also be deemed to have been delivered **If the above address or telephone number is changed, the department or human resources management office must be notified** **In written form within 5 days.**  Signature： Date: | | | | | | | | | | | | | |
| Remarks |  | | | | | | | | | | | | | |

**Note: Before filling in the form, please read the relevant regulations of Jinan University carefully**（Website of Human Resources Office of Jinan University <http://personal.jnu.edu.cn/newscode_gzzd.asp?lm=69&lm2=&lmname=0&n=50&list=7&more=1&icon=0>）Or consult the HR officer of each unit and abide by the rules and regulations together.

**Please print on both sides.**