

雇主聘僱外國人申請書 (外國人代雇主申請, 中英文版)

APPLICATION FORM FOR EMPLOYMENT OF FOREIGNERS

(For foreigner to apply on behalf of the employer)

工作類別： Category 90 機構看護工作 Institutional caregiver	申請項目：接續聘僱許可 Applying Item: consecutive employment permit <input type="checkbox"/> 62 至公立就業服務機構接續 public employment service institution <input type="checkbox"/> 63 三方合意 three-party consent <input type="checkbox"/> 63 雙方合意 two-party consent 限外國人原聘期屆滿，因疫情影響未能出國且雇主未辦理期滿續聘或期滿轉換 The original employment period of the foreigner has expired, but the foreigner cannot go abroad due to the pandemic and the employer has not applied for renewal of employment or transferring. <input type="checkbox"/> 62 至公立就業服務機構接續 to a public employment service institution <input type="checkbox"/> 63 雙方合意 two-party consent to consecutive employment
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請詳閱背面填表說明 notice on the back

外國人填寫欄位 Foreigner information			
國籍 Nationality	護照號碼 (填表說明注意事項二) Passport Number (see notice 2)	外國人行動電話 (必填，填表說明注意事項三) mobile number (required, see notice 3)	外國人電子郵件 (請擇一勾選，填表說明注意事項三) e-mail (Tick one of the boxes, see notice 3)
菲律賓 The Philippines		<input type="checkbox"/> 有 Yes: <input type="checkbox"/> 無 No	
本申請案回復方式： <input type="checkbox"/> 親取 <input type="checkbox"/> 郵寄至外國人工作地址(請擇一勾選) I would like <input type="checkbox"/> to pick up the official document or <input type="checkbox"/> to have the official document deliver to foreigner's work address.(Tick one of the boxes above) 本人聲明本申請案所填寫資料及檢附文件等均屬實，如有虛偽，願負法律上之一切責任。 I hereby declare the information and documents provided to be true, and confirm with full legal responsibility for any perjuries found. 外國人簽名： Foreigner's signature:			

雇主協助外國人填寫欄位 Application information									
雇主營利事業統一編號 Employer's tax ID number									
機構登記證地址 (有附則免填，外國人工作地址) Registration address (foreigner's work address, not required if the registration certificate is attached.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (郵遞區號) (post code)	縣 鄉 鎮 路 段 巷 弄 號 樓 市 市區 街 city/county district/township village road/street section lane alley No. floor							
機構負責人(自然人)基本資料 (有附則免填，填表說明 注意事項四) Responsible person of the institution (Natural person, see notice 4)	負責人姓名 Name								
	身分證字號 ID number								
法人基本資料(有附則免 填，填表說明注意事項五) Legal person's information (see notice 5)	負責人姓名 Name of the responsible person								

		身分證字號 ID number															
		法人登記地址 Registered address		<div> <div> <div>□□□</div> <div>(郵遞區號)</div> </div> <div> <div>縣 鄉鎮 路 段 巷 弄 號 樓</div> <div>市 市區 街</div> </div> <div> <div>□□□</div> <div>(post code)</div> </div> <div> <div>city/county</div> <div>district/township</div> <div>village</div> <div>road/street</div> <div>section alley</div> <div>floor</div> <div>lane No.</div> </div> </div>													
審查費收據(有附則免填, 填表說明注意事項六) Receipt of application fee (see notice 6)		繳費日期 Date		年 月 日 y/ m/ /d		郵局局號(6碼) Branch code (6 digits)											
		劃撥收據號碼(8碼)或交易序號(9碼) Receipt No. (8 digits) or transaction No. (9 digits)															
招募許可函文號(有附則免填, 填表說明注意事項七) Recruitment permit number (see notice 7)																	
入國引進許可函文號(有附則免填, 填表說明注意事項七) Introduction permit number (see notice 7)																	
前任外國人資料(填表說明注意事項八) Previous foreigner's information (see notice 8)				國籍 nationality													
				護照號碼 Passport Number													
原雇主聘僱或接續聘僱許可函文號(有附則免填, 填表說明注意事項七) Original (Consecutive) employment permit number (see notice 7).																	
接續聘僱通報證明書序號(有附則免填, 填表說明注意事項九) Certification number of notification on consecutive employment (see notice 9)																	
受委託經營管理之效期: 自 年 月 日至 年 月 日止 Period of entrusted operation and management: from y/ m/ d to y/ m/ d/																	
原雇主名稱 Original employer				原雇主統一編號 Original employer's tax Id number													
廢止招募許可、聘僱許可或不予許可函文號(除三方合意外均須填寫, 填表說明注意事項七)或因疫情未能出國經本部同意轉出函文號(有附則免填, 填表說明注意事項十七) Case number of revocation or rejection of employment/recruitment permit. (Not required for three-party consent to consecutive employment, see notice 7) Or the approval letter number of transfer issued by the Ministry of Labor for that the foreigner cannot go abroad due to the pandemic. (see notice 17)																	
接續日期 Date of consecutive employment				年 月 日 y/ m/ d/													
非持招募許可 Without a recruitment permit	勞保證號 Labor insurance number																
	求才證明書編號(有附則免填, 填表說明注意事項十一) Recruitment certificate number (see notice 11)																
	聘僱辦法證明書序號(有附則免填, 填表說明注意事項十二) Serial number of the certificate for employment (see notice 12)																
	主管機關核准登記之床位數/收容人數(依機構登記證填列, 若無登記, 依主管機關核發證明文件填列) Number people received and cared /number of beds approved and registered by the competent authority (fill in according to the institution registration certificate, if there is no registration, fill in according to the certificate issued by the competent authority)								床 Bed(s) (人) Person(s)								

實際收容人數 the actual number detention of care recipients must fill (養護機構須填)	_____人 Number of care recipients (s)	本國看護 工人數 Number nations caregiver	_____人 the employed worker (s)	第二類外國人有 效招募及聘僱人數 Number of the valid employment and recruitment in a type B foreign worker	_____人 the employed worker (s)	外國中階技術人 力有效聘僱人數 Number of foreigners of valid employment as intermediate skilled manpower	_____人 the employed worker (s)
申請前請先試算是否有可申請人數(填表說明注意事項十三) Please try to calculate whether the number of applicants accords with the regulations before applying, (see notice 13)							
<p>機構看護工作就以下文件請依實際情況勾選檢附(填表說明注意事項十五)：</p> <p>For institutional caregiver , please tick and attach the following documents according to the actual state (see notice 15)</p> <p><input type="checkbox"/>統一編號編配通知書影本及機構登記證影本及負責人身分證影本(均須檢附)</p> <p>Photocopy of the responsible person's ID card and the institution's notice of tax ID number allotment. (required)</p> <p><input type="checkbox"/>法人登記證書影本(法人機構須檢附)</p> <p>Legal person registration certificate (Required for legal person institution.)</p> <p><input type="checkbox"/>受委託經營管理契約影本(受政府機關委託經營管理者須檢附)</p> <p>Photocopy of the entrusted management contract (Required for operator entrusted by government agencies)</p> <p><input type="checkbox"/>雙方或三方合意接續聘僱證明書正本(經公立就服機構接續者免附)</p> <p>Original copy of certificate of two-party consent or three-party consent consecutive employment (not required for public employment service institution)</p> <p><input type="checkbox"/>養護機構：檢附機構實際收容人名冊正本及收容人罹患精神病、失智症、中度以上之身心障礙手冊或相關證明文件影本 Institution of the care recipients: required for proof of the actual detention list of the care recipients of the institution, and those who suffer from mental illness, dementia, moderate physical, mental disability or related certificates are required a photocopy of the documentary such as disability cards.</p> <p><input type="checkbox"/>護理之家(含醫院附設之慢性病床)、長期照顧服務機構：檢附目的事業主管機關核發之床位數證明文件影本 Nursing homes required (included chronic hospital beds), long-term care service institutions; attach a photocopy of the document certifying the number of beds issued by the competent authority of the target business.</p> <p><input type="checkbox"/>養護機構：本國看護工名冊正本。(長期照護機構、養護機構、安養機構或財團法人社會福利機構須檢附，須經當地社政機關驗章)</p> <p>Institution of the care recipients: Proof list of nations caregivers. (long-term care institutions, institution of the care recipients, nursing care institutions or social welfare institutions with legal person foundations must be attached, and must be certified by the local social and administrative institution).</p> <p><input type="checkbox"/>護理之家(含醫院附設之慢性病床)、長期照顧服務機構：本國看護工名冊及照顧服務員訓練結業證明書、照顧服務員職類技術士證、有效之長照服務人員證明或高中(職)以上學校照顧、護理等相關科、系、組、所、學位學程畢業證書影本。</p> <p>Nursing homes required (included chronic hospital beds), long-term care service institutions; the list of nations caregiver and certificate of completion of care worker training, technician certificate of care worker occupation, valid long-term care service worker certificate or graduation certificate of high school (vocational) or above, care works, nursing and other related sections, departments, groups, institutes and degree programs required for photocopy of graduation certificate.</p>							

同意外國人代雇主申請聘僱許可切結書

Authorization letter

雇主 (統一編號:) 同意由本案外國人 (護照號碼:) 代為申請聘僱許可, 並聲明本申請案所填寫資料及檢附文件等均屬實, 如有虛偽, 願負法律上之一切責任。

The employer (Tax ID number:) authorize the foreigner in this application (Passport number:) to apply for the employment permit. I hereby declare the information and documents provided to be true, and confirm with full legal responsibility for any perjuries found.

雇主: 負責人: (簽章)

Employer Responsible person (Signature)

雇主市內電話: (不得填列私立就業服務機構之聯絡資訊)

Employer's landline phone number:

(Cannot be the contact information of the private employment services institution.)

雇主行動電話: (不得填列私立就業服務機構之聯絡資訊)

Employer's mobile number:

(Cannot be the contact information of the private employment services institution.)

電子郵件 e-mail: ☐ 有 Yes:

☐ 無 No

※以上3項聯絡資訊, 請確實填寫, 雇主應依規定就市內電話或行動電話擇一填寫提供雇主本人或可聯繫至雇主之親友電話, 如未確實填寫雇主聯絡電話, 將不予核發許可。另聯絡資訊將作為本機關即時聯繫說明申請案件審查情形及後續聘僱管理注意事項之用, 以利縮短案件審查時間, 與保障雇主聘僱外國人之權益!

Please fill in the three contact methods above. According to the regulations, the employer needs to provide either a mobile or landline phone number at which the employer (or a contact person) can be reached. If the contact information of the employer is not provided, the Ministry of Labor will not issue the permit. The contact information will be used for the authority when needed (to inform the status of the application or attentive matters). To shorten the processing time and guarantee the rights and benefits of the employers in hiring foreigners, please fill in the form properly.

中 華 民 國 年 月 日
Year month day

(以下虛線範圍為機關收文專用區) Document Reception Use Only

收文章: Receipt Stamp	收文號: Case Number
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填表說明注意事項:

一、相關法規及申請程序, 請依照本機關網站所載最新規定辦理。

1. Relevant regulations and application procedures, please follow the latest regulations on the website of Workforce Development Agency.

二、新任外國人請填護照號碼, 倘非首次來臺受聘且有護照號碼異動之情事, 應立即向內政部移民署辦理居留資料異動事宜。

2. Foreigner's passport number is required. If the foreigner is not employed in Taiwan for the first time and has renewed the passport number, he/she shall immediately apply to the Immigration Agency of the Ministry of the Interior for the update of your information.

三、新任外國人行動電話必填, 且不得與雇主或委任私立就業服務機構電話相同, 未填寫者, 將退請補正確認; 電子郵件須勾選「有」或「無」, 未勾選者, 將退請補正確認, 若勾選「有」, 請確實填寫且不得與雇主或委任私立就業服務機構電子郵件相同。

3. The novice (newbie) foreigner's mobile number is required and cannot be the same as the phone number of the employer or the appointed private employment services institution. If the phone number is not provided, the application will be returned for revision; the email section must be checked "Yes" or "No", or else the application will be returned for revision. If you tick "Yes", please enter the email address and it must not be the same as the email of the employer or the appointed private employment services institution.

四、機構負責人基本資料(自然人): 指由個人申請設立之機構。

4. Responsible person of the institution (Natural person): Institution set up by a natural person. You can leave this field blank if the certificate is attached.

五、法人基本資料: 指由法人申請設立之機構, 負責人需填列法人登記證書所列代表法人之董事。

5. Legal person's information: Institution set up by a legal person. The responsible person shall be the director represents the legal person who is listed in the legal person registration certificate. You can leave this field blank if the certificate is attached.

六、審查費(公立就業服務機構：100 元，雙方或三方合意：200 元)收據：分為電腦收據(白色)及臨櫃繳款收據(綠色或藍色)2 種，填寫如下：

6. There are two types of receipt of the application such as a WHITE slip and a BLUE or Green slip (100 NTD for public employment service institution; 200 NTD for two-party or three-party consent).

(1) 電腦收據(各郵局開具之白色收據)：

If you pay at the post office (a WHITE slip)

範例 00002660 110/06/11 16:46:33

Ex. 003110 1A6 297174

劃撥收據號碼(8 碼) receipt No. (8 digits)	繳費日期 date
00002660 110/06/11	
003110	
郵局局號 branch code	

填寫 繳費日期：110 年 6 月 11 日，郵局局號：003110，劃撥收據號碼(8 碼)：00002660

Fill in the form as follow: payment date: 110 y 06 m 11 d; branch code: 030110; receipt No. (8 digits): 00002660

(2) 臨櫃繳款收據(郵局派本機關駐點開具之綠色或藍色收據)：

If you pay at our office (a BLUE or Green slip)

範例 右上角 B-5103097，經辦局章戳

Ex. upper right corner B-5103097;
with the stamp of the post office

局號	000100-6
110.06.11	

填寫 交易序號(9 碼)：B-5103097，繳費日期：110 年 6 月 11 日，郵局局號：000100

Fill in the form as follow

transaction No. (9 digits): B-5103097 ; payment date: 110 y 06 m 11 d ;branch code: 000100

七、許可函文號：範例 勞○○○字第 1100641633 號，填寫為 第 1100641633 號。

7. Employment permit number: ex. 勞○○○字第 1100641633 號, please enter 1100641633. You can leave this field blank if the permit is attached in the application.

八、提前申請入國引進及遞補者需填寫前任外國人資料。

8. Previous foreigner's information is required in applying for early introduction and substitution.

九、當地主管機關核發雇主接續聘僱外國人通報證明書(簡稱接續聘僱通報證明書)序號：範例 右上角 00000123456789 填寫為 00000123456789

9. Number of the certificate on notifying consecutive employment of the foreigner: ex. on the top right corner 00000123456789, please enter 00000123456789. You can leave this field blank if the certificate is attached in the application.

十、不同招募許可函引進之外國人，請分案申請接續聘僱許可。

10. Please apply for consecutive employment separately for foreigners from different recruitment permits.

十一、求才證明書編號：範例 編號：A320702010120043 填寫為 A320702010120043。

11. Recruitment certificate number: ex. 編號：A320702010120043, please enter A320702010120043. You can leave this field blank if the certificate is attached.

十二、外國人工作地直轄市、縣(市)政府開具之雇主聘僱外國人許可及管理辦法證明書(簡稱聘僱辦法證明書)序號：範例 右上角 123456789 填寫 123456789

12. Permission and Administration of the Employment of Foreign Workers issued by the municipal or county (city) government (Serial number of the certificate for employment): Documentary proof as stated in the Article 16.1.5 of Regulations on the Permission and Administration of the Employment of Foreign Workers. Ex. on the top right corner 000123456789, please enter

000123456789. You can leave this field blank if the certificate is attached in the application.

Certificate of Employer's

十三、可申請人數試算表：Trial Balance for Number of Applicants

養護機構 Institution of the care recipients	實際收容人數 ÷ 3 = (A) the actual number detention of care recipients ÷ 3 = (A)	試算可申請上限人數 C:(A、B 取小值) - (第二類外國人有效招募及聘僱人數 + 外國中階技術人力有效聘僱人數 + 廢止招募及聘僱許可人數) (填表說明注意事項十四) Trial calculation of the maximum number of applicants C:(A、B take a small value) - Number of the valid employment and recruitment in a type B foreign worker + Number of foreigners of valid employment as intermediate skilled manpower + Number of revoked recruitment and employment permit (See notice 14)
	本國看護工人數 = (B) Number nations caregiver = (B)	() - (+ +) =
護理之家、醫院、長期照顧服務機構 Nursing homes, hospitals, long-term care service institutions	床位数 ÷ 5 = (D) Number of beds ÷ 5 = (D)	試算可申請上限人數 F:(D、E 取小值) - (第二類外國人有效招募及聘僱人數 + 外國中階技術人力有效聘僱人數 + 廢止招募及聘僱許可人數) (填表說明注意事項十四) Trial calculation of the maximum number of applicants F:(D、E take a small value) - Number of the valid employment and recruitment in a type B foreign worker + Number of foreigners of valid employment as intermediate skilled manpower + Number of revoked recruitment and employment permit (see notice 14).
	本國看護工人數 = (E) Number nations caregiver = (E)	() - (+ +) =

十四、「廢止招募及聘僱許可人數」係指申請日前 2 年內，因可歸責雇主之原因，經廢止許可或轉換雇主之外國人人數。The number of revoked recruitment and employment permit” refers to the number of foreigners revoked the permit or transferred employers for reasons attributable to the employer within the two years prior to the application date.

十五、☐請依實際情況勾選，如須檢附文件，務必檢附。

15. Please tick the boxes (☐) according to the actual state, and do submit the required documents.

十六、申請文件除政府機關、醫療機構、學校或航空公司核發或開具之證明文件外，應加蓋申請人或公司及負責人印章。

16. According to the related regulations, documents should include the stamps of the company and the stamps of the responsible person. (Documents issued by the government, school, health facility and airline are exempt.)

十七、外國人原聘期屆滿，因疫情影響未能出國且雇主未辦理期滿續聘或期滿轉換，經本部同意轉換雇主或工作之文號。

17. The foreigner's original employment period expires, but is unable to go abroad due to the pandemic and the employer has not applied for renewal or transferring at the expiration of the term. The approval letter's number of changing jobs or employers issued by the Ministry of Labor. You can leave this field blank if you have attached the approval letter in the application.