



PERSONAL INFORMATION FORM

Personal Information					
Name	Nationality:	Passport No.:	Date of Birth (MM/DD /YY):		
Address (Including apartment number, street, city, state or province, postal code, and country)					
Current residential address in China if applicable:		Mobile Phone No. in China if applicable:			
Phone Number (Home Country)	Mobile Number	Email Address	Place of Birth (Country-State/Province-City):		
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"/> Yes <input type="checkbox"/> No					
HAVE YOU EVER BEEN AFFLICTED WITH A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE OR A DANGEROUS PHYSICAL OR MENTAL DISORDER?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
HAVE YOU EVER VIOLATED THE LAW OF CHINA, AND BEEN DEPORTED FROM CHINA?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Emergency Contact Person					
Full Name		Gender	Nationality		
Telephone No.		Email Address	Relationship		
Home Address:					
Accompanying Family Dependents if Applicable					
Full Name (as on passport)	Relationship	Nationality	Passport No.	DOB	Gender
Position					
Position You Are Applying For	Available Start Date		Employment Desired:		
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		