



**National Directorate-General for
Aliens Policing
Országos Idegenrendészeti
Főigazgatóság**



APPENDIX for an application for a residence permit

(Posted work)

PLEASE COMPLETE THE FORM LEGIBLY, IN LATIN BLOCK LETTERS.					
Border crossing point as place of entry, date of entry : , year month day					
Member State, in which the applicant is a holder of a residence permit issued for the purpose of employment:					
Document number and date of expiry of the residence permit document issued by the Member State: , year month day					
1. Particulars of the host organisation in Hungary					
name:					
place of establishment (registered address) of the establishment:					
postal code:	locality:			name of the public place:	
type of the public place (i.e. street, road, square, etc.):	street number:	building:	stairway:	floor:	door:
Employer's tax number / tax identification code::		KSH number (no. recorded by the Hungarian Central Statistical Office):		TEAOR number (Hungarian NACE number):	
2. Particulars of the posting business / group of businesses or undertakings					
name:					
place of establishment (registered address) of the establishment (country, city/town):					
3. Duration of posted work: year month day					
4. Professional qualification(s) required for the position:		5. Education: <input type="checkbox"/> primary school <input type="checkbox"/> specialised school <input type="checkbox"/> vocational school <input type="checkbox"/> secondary grammar school <input type="checkbox"/> vocational secondary school <input type="checkbox"/> technician education establishment <input type="checkbox"/> college <input type="checkbox"/> university		6. Occupation before arriving in Hungary:	

	<input type="checkbox"/> finished less than 8 school years in primary school	
7. Place(s) of work: Will you perform your employment at one single work-site? <input type="checkbox"/> yes <input type="checkbox"/> no address(es):	Does the nature of the work require that your work-site is located in various counties? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, the starting place (address) of work:	Will you work on various premises of the employer (located in different counties)? <input type="checkbox"/> yes <input type="checkbox"/> no
8. Job title (FEOR number, i.e. the Hungarian Standard Classification of Occupations):		
9. The applicant's skills and knowledge required for the position:		
<u>The period of professional experience</u> relevant to the position to be filled: <u>Specific knowledge and skills</u> related to the job to be performed: Language skills Native language: Other language(s) Do you speak Hungarian? <input type="checkbox"/> yes <input type="checkbox"/> no Have you ever worked in Hungary before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate the date of expiry of your previous single permit: Your previous employer in Hungary Name: Address:		
10. Information about means of subsistence in Hungary		
amount of expected income from employment:		
amount of savings held available:	other additional income/properties or assets as means of subsistence:	

INFORMATION NOTICE

During the procedure, the immigration authority may request the submission of further documents for clarification of facts of the case.