**Opinion of employment** **– Changing the employer**

**OPIS FOLDER**

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| **Nr.**  **crt.** | **Document title** | **Nr.**  **page** |
| 1 | Reasoned request |  |
| 2 | Proof of legal empowerment of the employer |  |
| 3 | The certificate of registration with the Trade Register, the copy and the original |  |
| 4 | Certificate issued by the trade register, in stating that no application were made to sign a declaration of bankruptcy |  |
| 5 | Job description |  |
| 6 | Binding job offer |  |
| 7 | Affidavit alien that is medically fit to be employed and to have minimum knowledge of Romanian |  |
| 8 | Curriculum vitae of the foreigner and two 3/4 size photographs of the alien, which may contain alien affidavit that is medically fit to be employed and to have minimum knowledge of Romanian (in this situation will not require document referred to in point 7) |  |
| 9 | Certificate of recognition of studies necessary for employment for which the issuance of the work permit issued by the Ministry of Education and Research, in accordance with the legislation in the field, or degrees issued by educational institutions accredited in Romania (where case) |  |
| 10 | Document of authorization required by law (where applicable) |  |
| 11 | Copies of documents certifying training acquired outside the education system or, where applicable, certifying professional experience, translated and legalized under the law (where applicable) |  |
| 12 | Copies of documents attesting getting in Romania or in another EU member state has the necessary professional qualifications of job employment, translated and legalized (if necessary) |  |
| 13 | The criminal record of the foreigner in the country of residence |  |
| 14 | Employer criminal record |  |
| 15 | Photocopy border crossing, the alien's valid |  |

Takeover date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ scheduled appointment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

worker’s signature \_\_\_\_\_\_\_\_\_\_ solicitant’s signature\_\_

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| Issued notice no.\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_, handed at\_\_\_\_\_\_\_\_/\_\_\_.\_\_\_.\_\_\_\_\_  Paid fee receipt opinion no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_.\_\_\_\_\_\_.\_\_\_\_  Worker’s signature\_\_\_\_\_\_\_\_\_\_\_solicitant’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |