

# Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)

COMPANY NAME:

## Information on the new employee

Personnel number:

### Personal data

Surname, maiden name as applicable	Given name
Street and house number (incl. additional information)	Post code, city
Date of birth	Gender <input type="checkbox"/> male <input type="checkbox"/> female
Insurance number (as per social security card)	Marital status
Place, country of birth – <i>only if without insurance number</i>	Severely disabled <input type="checkbox"/> yes <input type="checkbox"/> no
Nationality	Employee number, pension fund - construction
Bank account number (IBAN)	Sort code/bank ID (BIC)

### Employment

Date employment contract begins	First day	Place of employment
Description of profession		Job performed
Highest level of education <input type="checkbox"/> No school leaving certificate <input type="checkbox"/> Haupt-/Volksschulabschluss (completion of secondary education) <input type="checkbox"/> School leaving certificate or equivalent <input type="checkbox"/> Abitur/Fachabitur (equivalent of A levels in UK)		Highest level of professional training <input type="checkbox"/> No vocational training <input type="checkbox"/> Officially recognised vocational training <input type="checkbox"/> Master craftsman/technician/equivalent degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Diploma/graduate degree/master's degree/state examination certificate <input type="checkbox"/> PhD
Date apprenticeship begins		Planned date apprenticeship ends
Holiday entitlement (calendar year)		Cost centre
Weekly/daily working hours	<input type="checkbox"/> full time <input type="checkbox"/> part time	Department number
Employed in construction industry since	Person group	

# Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)

COMPANY NAME:

Information on the new employee

Personnel number:

--

## Electronical acceptance of certificates (Bea)

I object to my income statements (earned and additional) being forwarded electronically to the Bundesagentur für Arbeit (Federal Employment Office).

## Terms of employment

<input type="checkbox"/> The term of employment is fixed	<input type="checkbox"/> Written conclusion of a fixed-term employment contract
<input type="checkbox"/> The term of employment is fixed for a purpose	<input type="checkbox"/> Fixed-term employment is planned for at least two months, with prospects of further employment
Employment contract fixed until	Employment contract concluded on

## Taxes - Information as per income tax card

Official Municipality/community key	Tax office number	Identification number
Tax class/factor	Number of exemptions for children	Confession

## Social insurance

State insurer	Legislated state insurer evaluation Health insurance   Pension insurance   Retirement insurance   Nursing care insurance
State insurer number	Accident insurance risk tariff
Parenthood <input type="checkbox"/> yes <input type="checkbox"/> no	

## Compensation

Description	Amount	Valid for	Hourly wage	Valid from
Description	Amount	Valid for	Hourly wage	Valid from
Description	Amount	Valid for	Hourly wage	Valid from

# Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)

COMPANY NAME:

Information on the new employee

Personnel number:

--

## Capital-forming benefits (VWL)

Recipient	Amount	Employer share (monthly amount)
	Since	Contract number
Bank account number (IBAN)	Sort code/bank ID (BIC)	

## Employment documents

Employment contract	<input type="checkbox"/> At hand	Company retirement provision contract	<input type="checkbox"/> At hand
Income tax card/written confirmation of income tax	<input type="checkbox"/> At hand	Declaration of earning for previous employment	<input type="checkbox"/> At hand
Social insurance ID	<input type="checkbox"/> At hand	For evaluation of insurance exemption regarding health insurance	<input type="checkbox"/> At hand
State insurance membership certificate	<input type="checkbox"/> At hand	Severely disabled ID	<input type="checkbox"/> At hand
Private health insurance certificate	<input type="checkbox"/> At hand	Pension fund documents construction/painting	<input type="checkbox"/> At hand
Capital-forming benefits (VWL) contract	<input type="checkbox"/> At hand		
Proof of parenthood	<input type="checkbox"/> At hand		

## Information of taxable previous employment periods in the current calendar year (these are time periods of employment accounted for on the income tax card)

Time period from	Time period to	Type of employment	Number of employment days

### Declaration by the employee:

I affirm that the above information is correct. I undertake to inform my employer without delay of any changes, in particular with regard to further employment (in respect of type, duration and remuneration).

\_\_\_\_\_  
Date Employee signature

\_\_\_\_\_  
Date Employer signature