

Personnel questionnaire



The fields marked with this bar are to be filled in by the employer

Company name

Employee name

Personnel number

Personal data

Surname, maiden name as applicable

Given name

Street and house number, incl. additional information

Postcode, city

Date of birth (DD.MM.YYYY)

Gender

male

female

Insurance number (as per social insurance card)

Marital status

Place, country of birth – *only if without insurance number*

Severely disabled

yes

no

Nationality

Employee number, pension fund – construction

Bank account number (IBAN)

Sort code/bank ID (BIC)

Employment

Date employment contract begins (DD.MM.YYYY)

First day (DD.MM.YYYY)

Place of employment

Description of profession

Job performed

Highest level of education

No school leaving certificate

Haupt-/Volksschulabschluss (completion of secondary education)

School leaving certificate or equivalent

Abitur/Fachabitur (equivalent of A levels in UK)

Highest level of professional training

No vocational training

Officially recognised vocational training

Master craftsman/technician/similar degree

Bachelor's degree

Diploma/graduate degree/master's degree/state examination certificate

PhD

Date training period begins (DD.MM.YYYY)

Planned date training period ends (DD.MM.YYYY)

Holiday due (calendar year)

Cost centre

Weekly/daily working hours

Full time

Part time

Department number

Employed in construction industry since (DD.MM.YYYY)

Person group

Terms of employment

The term of employment is fixed

The term of employment is fixed for a purpose

Written conclusion of a fixed-term employment contract

Fixed-term employment is planned for at least two months, with prospects of further employment

Employment contract fixed until (DD.MM.YYYY)

Employment contract concluded on (DD.MM.YYYY)

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Taxes Information as per income tax card

Official municipality/community key	Tax office No.	Identification No.
Tax class/factor	Number of exemptions for children	Confession

Social insurance

State insurer	Legislated state insurer evaluation Health insurance Pension insurance Retirement insurance Provision insurance
State insurer number	Accident insurance risk tarif

Compensation

Description	Amount	Valid for (MM/YYYY)	Hourly wage	Valid from (MM/YYYY)

Employer/employee savings account (VWL)

Recipient	Amount	Employer share (monthly amount)
	since (DD.MM.YYYY)	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 earningd 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
Employer/employee savings account (VWL) contract	<input type="checkbox"/> At hand	Pension fund documents construction/painting	<input type="checkbox"/> At hand
Proof of parenthood	<input type="checkbox"/> At hand		

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

Time period from (DD.MM.YYYY)	Time period to (DD.MM.YYYY)	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 an remuneration).

Date (DD.MM.YYYY)	Employee signature	Date (DD.MM.YYYY)	Employer signature
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