

Personnel Questionnaire

Company name

Surname (Name)							
Given name (Vorname)							
Date of birth (Geburtsdatum)							
Place of birth/Country of birth (Geburtsort/-land)							
Gender (Geschlecht)							
Address: Postcode, City, Street, House number (Anschrift)							
Nationality (Staatsangehörigkeit)							
Marital status (Familienstand)							
Children (Kinder) (Biological/Adotive/Step/Care children)		yes / no			If no longer considered for tax purposes, please submit a copy of the birth certificate.		
Tax class 1 to 6 (Lohnsteuerklasse 1-6)							
Tax Identification Number (Steuer-Identifikationsnummer)							
Main employer (Hauptarbeitgeber)							
(Religious) Denomination (Religion)							
Insurance number (as per social insurance card) (Rentenversicherungsnummer)							
Health insurance (Krankenkasse)					In case of private Health insurance – submit certificate to obtain the employer’s financial part.		
bank account (Bankverbindung)		IBAN					
		BIC					
		bank					
Spouse or legal partner of the employer (Ehegatte/Lebenspartner des Arbeitgebers)		yes / no					
Date of entry / start of work (Eintrittsdatum/Arbeitsaufnahme)							
Type of employment (Tätigkeit)							
Weekly working hours (Wöchentliche Arbeitszeit)		Monday	Tuesday	Wednesday	Thursday	Friday	Whole week
Monthly salary / hourly wage (Gehalt/Stundenlohn)							
Capital-forming benefits – only required if contract is at hand (VWL/betriebl. Altersversorgung)							
Details of previous periods of taxable employment during current calendar year (Vorbeschäftigungszeiten)							

Please submit the following documents:

- employment contract (Arbeitsvertrag)
- Member certificate of health insurance
(Mitgliedsbescheinigung der Krankenkasse)