

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 | |

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Electronical acceptance of certificates (Bea)

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|--|
| <input checked="" type="checkbox"/> 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"/> The term of employment is fixed for a purpose | <input type="checkbox"/> Written conclusion of a fixed-term employment contract <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 |

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

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Information on the new employee

Personnel number:

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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