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 ☐ male ☐ female
Insurance number (as per social security 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	First day	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/technican/equivalent degree ☐ Bachelor's degree ☐ Diploma/graduate degree/master's degree/state examination certificate ☐ PhD
Date apprenticeship begins		Planned date apprenticeship ends
Holiday entitlement (calender year)		Cost centre
Weekly/daily working hours ☐ full time ☐ part time		Department number
Employed in construction industry since		Person group

Version dated: 03/2014

Personnel Questionnaire

GOB | Steuerberatung

(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

☐ 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	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 ☐ yes ☐ 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

Version dated: 03/2014

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

Version dated: 03/2014