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Employee name			Personnel number		
Dieser Personalfragebogen dient zur V Wahrung der Aufbewahrungsfrist wird Stelle gespeichert.					
Personal data					
Surname, maiden name as applicable		Given name			
Street and house number (incl. addition	nal information)	Post code, city			
Date of birth		Gender			
Insurance number (as per social secur	ity card)				
Place, country of birth – only if without	t insurance number	Severely disabled Yes No			
Nationality		Employee number, pension fund – construction			
Bank account number (IBAN) Cash payment		Sort code/bank ID (BIC)			
Employment					
Date employment contract begins	First day	Place of employment			
Description of profession	L	Job performe	ed		
☐ Volkschule/Haupt secondary educat	schule (completion of ion)				
Education Abitur (equivalent of A levels in UK) Technical school/university		Professional training Yes No			
University degree	·				
Holiday entitlement (calendar year)	Weekly/daily working hours		Employed in construction industry since		
Cost centre	Department number Perso		Person group		
Status at beginning of empl	oyment				
Employee	School pupil		University applicant		
Employee on parental leave	Unqualified		Military/social service		
Unemployed	Self-employed		Other:		
Civil servant	Student				
Housewife/househusband	Social welfare recipie	ent			



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Employee name Personnel number



Company:							
Employee name						Perso	nnel number
Employee name						1 0130	inici nambei
Taxes - Information as per inco							
Official Municipality/community key	Tax office number	r			Identifica	ition numbe	er
Tax class/factor	Number of exemp for children	otions			Yes No		
Social insurance							
Health insurance State			Nam	Name of state/private insurer			
Accident insurance risk tariff	:ariff D			DEÜV-status			
For workers with mini jobs only: option for increasing pension insurant payments (§ 5, para. 2, no. 2 Social Security Code (SGB VI))	=			rance op urance o		ension-insu	ırance exemption)
Compensation							
Description	Amount		Valid	from	Hourly wage		Valid from
Description	Amount		Valid	from	Hourly wage		Valid from
Capital-forming benefits (\	'WL) – only requir	ed if co	ontract	t is at ha	ınd		
Recipient		Amount			Employer share (monthly amount)		
		Since				Contract number	
Bank account number (IBAN) Sort		Sort c	Sort code/bank ID (BIC)				
Information on additional (for short-term employees also alread		rom thi	s cale	ndar yea	nr)		
Time period	Employer		Type of work		T	Weekly hours	
				Short- Mini jo Non-n	nini job emplo -term employr	nent yment	
Do the monthly wages sum (Note for employer: verify social secu		nan El	UR 5		. /	□ j.	a 🔲 nein

legal guardian



Company.					
Employee nar	ne			Perso	nnel number
Employment do	ocuments				
Employment cont	tract	☐ At	t hand		Included
 Income tax card/ employer(s) 	number of days employed at previous	No. of	f days employed		Included
Social insurance:	ID	☐ Pr	resented		Copy included
Application for ex	emption from pension insurance	At	t hand		Included
Certificate of priv	ate health insurance	At	t hand		Included
Capital-forming b	enefits (VWL) contract	At	t hand		Included
School/university certificate		At	At hand		Included
Severely disabled	I ID	Pr	resented		Copy included
Pension fund doc	uments construction/painting	At	t hand		Included
	e employee: ove information is correct. I undertake lar with regard to further employment				
Date	Employee signature	Dat	te	Employ	er signature
Date	For minor signature of				