

Personnel Questionnaire

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



COMPANY NAME:

Information on the new employee

Employee number:

Dieser Personalfragebogen dient zur Vorerfassung von Personaldaten für das DATEV-Lohnabrechnungsprogramm. Zur Wahrung der Aufbewahrungsfrist wird der ausgefüllte Personalfragebogen von dem Arbeitgeber / der lohnabrechnenden Stelle gespeichert.

Personal data

Surname	Given name
Maiden name as applicable	Date of birth
Street and house number (incl. additional information)	Post code, city
Insurance number (as per social security card)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Diverse <input type="checkbox"/> Female <input type="checkbox"/> Undetermined
Place of birth	Country of birth
Nationality	Employee number, pension fund - construction
Severely disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank account number (IBAN)	Sort code/bank ID (BIC)

Employment

Date employment contract begins	First day	Place of employment
Description of profession	Job performed	
<input type="checkbox"/> Main employment / full time occupation	Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Secondary employment	Duration of probation:	
Do you have a second place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a so-called minor (geringfügig) employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Highest level of education		<input type="checkbox"/> Highest level of professional training	
<input type="checkbox"/> No school leaving certificate		<input type="checkbox"/> No vocational training	
<input type="checkbox"/> Haupt-/Volksschulabschluss (completion of secondary education)		<input type="checkbox"/> Officially recognised vocational training	
<input type="checkbox"/> School leaving certificate or equivalent		<input type="checkbox"/> Master craftsman/technician/equivalent degree	
<input type="checkbox"/> Abitur/Fachabitur (equivalent of A levels in UK)		<input type="checkbox"/> Bachelor's degree	
		<input type="checkbox"/> Diploma/graduate degree/master's degree/state examination certificate	
		<input type="checkbox"/> PhD	
Start of training / apprenticeship:	Expected end of training / apprenticeship:	Employed in construction since:	
Weekly work time:	Where appropriate: Distribution of weekly work hours (hourly):	Holiday entitlement (calendar year):	
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time	Mo Tu Wed Thu Fr Sa Su		
Cost Center:	Dept.-Number:	Person group key:	
Form of contract:	<input type="checkbox"/> 1 – Unlimited Full-Time <input type="checkbox"/> 2 – Unlimited Part-Time	<input type="checkbox"/> 1 – Limited Full-Time <input type="checkbox"/> 2 – Limited Part-Time	

Limitation

<input type="checkbox"/> The work contract is limited / <input type="checkbox"/> Functionally limited / <input type="checkbox"/> Unlimited	Limitation of employment contract until:
<input type="checkbox"/> Written conclusion of the limited contract	Date of employment contract conclusion:
<input type="checkbox"/> Limited employment is intended for at least 2 months, with the prospect of continued employment	

Taxes - Information as per income tax card

Tax identification number:	Tax class/factor:
Tax deduction for children (Kinderfreibeträge):	Religious denomination

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Social insurance

National health insurance (if you are insured with a private health insurance: last national health insurance):		
KV - national health insurance	RV - pension insurance	
AV - unemployment insurance	PV - long-term care insurance	
Accident insurance risk tariff	DEUEV-status	
Children for whom parenthood can be proven:		
Surname	Given name	Date of birth (DD.MM.YYYY)
Surname	Given name	Date of birth (DD.MM.YYYY)
Surname	Given name	Date of birth (DD.MM.YYYY)
Surname	Given name	Date of birth (DD.MM.YYYY)
Surname	Given name	Date of birth (DD.MM.YYYY)

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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Capital-forming benefits (VWL)

Recipient	Amount	Employer share (monthly amount)
	Since	Contract number
Bank account number (IBAN)	Sort code/bank ID (BIC)	

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

Date

For minor signature of legal guardian