

Personnel Questionnaire

(fields with a grey background are not to be completed by the employee)

COMPANY NAME:

Information on the new employee

Personnel number:

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Personal details:

Last name	First name	Maiden name	Place of birth
Street and house number (incl. additional address data)		Post code/town or city	
Insurance number (shown on social security card):		Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employee number Sozialkasse Bau		Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nationality
Account number		Bank sort code/name of bank	

Employment

Job title		Professional designation	
Education	Elementary/secondary school/intermediate secondary school qualification or equivalent	<input type="checkbox"/>	Vocational training <input type="checkbox"/> Yes <input type="checkbox"/> No
	University entrance qualification or equivalent	<input type="checkbox"/>	
	Technical college/university of applied technology	<input type="checkbox"/>	
	University degree	<input type="checkbox"/>	
Weekly working hours	Severely handicapped	Start date	First start date
	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Cost centre	Department number	Employed in the construction industry since:	

Tax

Official Municipality Key shown on tax card	Municipality shown on tax card	Tax office number shown on tax card	
Identification number	Tax class	Number of child tax allowances	Religion

Social security

Health insurance fund		NOTE: If employee has voluntary health insurance, please complete annex	Health insurance fund number
Health insurance	Pension insurance	Unemployment insurance	Long-term care insurance

Remuneration

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Description	Amount	Valid from	
Description	Amount	Valid from	
Description	Amount	Valid from	Hourly wage Valid from

Capital accumulation benefit (only required if contract entered into)

:	Employer contribution per month	Since
Recipient of capital accumulation benefit	Contract number:	Amount
Account no.	Bank sort code	Name of bank

Information on employment documents

• Employment contract	Prepared	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>
• Income tax card	Submitted	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>
• Social security card	Submitted	<input type="checkbox"/>	Copy enclosed	<input type="checkbox"/>
• Capital accumulation benefit agreement	Prepared	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>
• Proof of parental status (if no child tax allowance on income tax card)	Submitted	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>
• Occupational pension agreement	Prepared	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>
• Declaration on earnings from previous employment to assess exemption from compulsory health insurance	Prepared	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>
• Documents from Sozialkasse Bau/Maler	Submitted	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>

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COMPANY NAME:

Information on previous taxable employment periods in the current calendar year
(= periods of employment covered by the income tax card)

From	to	Type of employment	Number of days employed

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

Signature