#### 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, maiden name as applicable	Given name
Street and house number (incl. additional information)	Post code, city
Date of birth	Gender male diverse female undetermined
Insurance number (as per social security card)	
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 F	irst day	Place of employment		
Description of profession		Job performed		
Main employment / full time	occupation	Probation: Yes No		
Secondary empooyment		Duration of probation:		
Do you have a second place of employ	yment?	Yes No		
Is this a so-called minor (geringfügig) EUR per annum?	employment with	a maximum monthly income of 520,00 EUR / 6.240,00		
Highest level of education		Highest level of professional training		
No school leaving certificate		No vocational training		
Haupt-/Volksschulabschluss ( secondary education)	(completion of	Officially recognised vocational training		
School leaving certificate or e	equivalent	Master craftsman/technican/equivalent degree		
Abitur/Fachabitur (equivalent of A levels in		Bachelor's degree		
UK)		Diploma/graduate degree/master's degree/state examination certificate		
		PhD PhD		



COMPANY NAME:

# Information on the new employee

Employee number:

Start of training / apprenticeship:	Expected end of training / apprenticeship:	Employed in construction since:
Weekly work time:	Where appropriate: Distribution of weekly work hours (hourly):MoTuWedThuFrSaSu	Holiday entitlement (calender year):
Cost Center:	DeptNumber:	Person group key:
Form of contract:	<ul> <li>1 – Unlimited Full-Time</li> <li>2 – Unlimited Part-Time</li> </ul>	<ul> <li>1 – Limited Full-Time</li> <li>2 – Limited Part-Time</li> </ul>

## Limitation

The work contract is limited / Functionally limited / Unlimited	Limitation of employment contract until:
Written conclusion of the limited contract	Date of employment contract conclusion:
Limited employment is intended for at least 2 month	is, 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

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

## COMPANY NAME:



# Information on the new employee

Employee number:

## Social insurance

	al health insurance (if you are insured with a health insurance: last national health nce):		
KV - national health insurance		RV - pension insura	ince
AV - unemployment insurance		PV - long-term care insurance	
Accident insurance risk tariff		DEUEV-status	
Children for whom parenthood o	an 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)
Surname	Given name	Date of birth (DD.MM.YYYY)

#### Compensation

compensatio					
Description	Amount	Valid for	Hourly wage	Valid from	
Description	Amount	Valid for	Hourly wage	Valid from	
Description	Amount	Valid for	Hourly wage	Valid from	

Personnel Questionnaire

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

COMPANY NAME:



## Information on the new employee

Employee number:

## 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