

Personnel Questionnaire

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

Company:

Name of the employee

Employee number:

1. Personal data

Surname	First name
Maiden name as applicable	Date of birth
Place of birth (city)	Place of birth (country)
Nationality	Marital status
Gender <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> diverse/non-binary <input type="checkbox"/> unspecified	Disability <input type="checkbox"/> yes <input type="checkbox"/> no
Street and house number (incl. additional information)	Post code, city
Insurance number (as per social security card)	SOKA-BAU employee number (if applicable)

2. Bankverbindung

Bank account number (IBAN)	Sort code/bank ID (BIC)
Deviant bank account holder (if the bank account holder is a different person than the employee)	

3. Beschäftigung

Entry date	Main / secondary employment <input type="checkbox"/> Main employment (full-time) <input type="checkbox"/> Secondary employm.
First entry date into the company	Job performed
Branch	Description of profession
Probation <input type="checkbox"/> yes <input type="checkbox"/> no	Duration of probation months
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
Kostenstelle	Abteilungsnummer
Employed in the construction industry since	

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4. School and vocational training

Highest school degree <input type="checkbox"/> No qualification <input type="checkbox"/> Mittel-/Volksschule (Completion of lower-secondary education) <input type="checkbox"/> Mittlere Reife (Completion of higher-secondary education) <input type="checkbox"/> Abitur/Fachabitur (Equivalent of A-levels in UK)	Highest vocational training <input type="checkbox"/> No qualification <input type="checkbox"/> Recognized training <input type="checkbox"/> Master craftsman/Technician <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Diploma / Masters degree / State examination <input type="checkbox"/> Doctorate
Start of training	Expected end of training

5. Working hours and vacation

Weekly working hours hours <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Holiday entitlement (calendar year) days
Distribution of hours (Mo-So)	Mo Tue Wed Thu Fri Sat Sun

6. Type of contract

<input type="checkbox"/> Permanent, full-time	<input type="checkbox"/> Permanent, part-time
<input type="checkbox"/> Fixed term, full-time	<input type="checkbox"/> Fixed term, part-time
<input type="checkbox"/> Written conclusion of the fixed-term employment contract	<input type="checkbox"/> Fixed term for a specific purpose
Fixed-term employment contract until (date)	Employment contract concluded on (date)

7. Tax information as per income tax card

Identification number	Tax class/factor
Child tax allowances	Religious denomination (relevant for church tax in Germany)

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8. Social insurance

Health insurance <input type="checkbox"/> National <input type="checkbox"/> Private	Name of the National health insurance / private health insurance
KV - national health insurance RV - pension insurance AV - unemployment insurance PV - long-term care insurance	Accident insurance risk tarif

9. Compensation / Remuneration

Description / year of training	Amount (€)	Hourly Wage	Valid from

10. Capital-forming benefits (VWL)

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

11. 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

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Steuerberatungsgesellschaft
Jan Stephan mbH

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12. Children for whom parenthood can be proven

Surname	First Name	Date of birth (DD.MM.YYYY)

13. Declaration and signatures

Declaration by the employee: I confirm that the above information is correct and complete. I undertake to inform my employer immediately of any changes, in particular with regard to other employments (type, duration and remuneration).

Employee:

Date	Employee's signature

For minors: signature of the legal guardian:

Date	Legal guardian's signature

Employer:

Date	Employer's signature

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