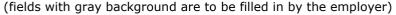
Personnel questionnaire (fields with gray background are to be filled in by the employer)





Company:

Name of the employee		Personnel number				
personal information						
surname (if necessary: birth name)		first name				
street and house number		postcode, location				
date of birth		gender male female				
social security number		marital status				
Place of birth, -native country - (only in case of missing social security number		severely disabled yes no				
citizenship		employee number social fund – construction				
Bank account number (IBAN)		Bank code/bank identification code (BIC)				
Employment		•				
entry date fir	rst entry date	permanent establishment				
job title		activity carried out				
main occupation secondary occupation		Probati yes no no nary period:				
Do you have other occupations?		duration:				
Is this a minor employment?		yes no				
highest Secondary/diploma School degree Middle mat equivalent		without vocational training highest professional education foreman/engineer/equivalent professional degree Bachelor diploma/Magister/Master/state examination				
		Promotion				
start of apprenticeship:	expected end of apprentic	eship:	In the construction industry employed since			
Weekly working time: fulltime part-t.	if nec. Distribution of we (hrs) Mon Tue Wed Thur	Fri Sat Su	Vacation entitlement (Calendar year)			
cost center	Department number	n n	Person group			
limitation						
the employment relationship is	earmarked for a	Start of the limit	ation:			
limited in time	specific purpose	otale of the milit				

Personnel questionnaire

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

Company:					
Written conclusion of the fixed-term employment contract	end of the limitation:				
temporary employment is foreseen for at least 2 months, with the prospect of further employment					

Accepting certificates electronically (Bea)

☐ I object to the electronic transmission of employment and supplementary income certificates to the federal employment agency

Personnel questionnaire (fields with gray background are to be filled in by the employer)

Company:

Name of the	e em	oloyee							Personnel number
taxes		_		1					
ID number		Tax office number Tax class		Tax class/factor		child allowance		(denomination
Social secu	rity								
statutory health insurance)	insurar	nce (for PKV: las	t statu	cory health	parental status				
KV	R۱	/	AV		PV UV				
Remunerat	ion		•				_		
Designation Amount			int	Valid	from	Hourly w	Valid from		
Designation	Designation Amount		int	Valid	from	Hourly wage		Valid from	
Designation Amount			int	Valid	from	Hourly w	age	Valid from	
Capital-fori	ming	benefits (V	WL) -	- only necess	ary i	f a cont	tract exi	ists	
recipient VWL				•	Amo				Employer contribution (Amount monthly)
					Since	when			Contract number
Bank account number (IBAN)				Bank code/Bank identification code (BIC)					
Information	n on t	he working	ı pape	ers	l.				
				eement on hours/	time a	ccount			☐ is present
Certificate of income tax deduction						is present			
Social security card								☐ is present	
Health insurance membership certificate								☐ is present	
Certificate of private health insurance								☐ is present	
VWL contract is present						☐ is present			
Proof of parental status									
Contract company pension						☐ is present			
severely disabled person's pass						☐ is present			
Documents social fund construction/painter								☐ is present	
Work permit if required is present									
Information Period from	n on	taxable per Period until	iods	of previous e			t in the		rent calendar year mber of days employed
1 0.130 11 0.11		. Silva ullul		. , pc or c				. • •	
-									

Personnel questionnaire (fields with gray background are to be filled in by the employer)

signature employer

Name of the employee

Personnel number

•	e employee: I certify that the above infely of any changes, in particular with re		, ,
date	signature employee	date	for minors: signature of the legal representative

date