

# Personnel questionnaire

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



**Steuerkanzlei**  
Andrea Leißring  
Dipl.-Kaufrau (FH)

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 <input type="checkbox"/> male <input type="checkbox"/> female	
social security number		marital status	
Place of birth, -native country – (only in case of missing social security number)		severely disabled <input type="checkbox"/> yes <input type="checkbox"/> no	
citizenship		employee number social fund – construction	
Bank account number (IBAN)		Bank code/bank identification code (BIC)	

## Employment

entry date		first entry date	permanent establishment
job title		activity carried out	
<input type="checkbox"/> main occupation <input type="checkbox"/> secondary occupation		Probationary period: <input type="checkbox"/> yes <input type="checkbox"/> no duration: _____	
Do you have other occupations?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Is this a minor employment?		<input type="checkbox"/> yes <input type="checkbox"/> no	
highest School degree <input type="checkbox"/> without school-leaving qualification <input type="checkbox"/> secondary/elementary school diploma <input type="checkbox"/> Middle maturity / equivalent degree <input type="checkbox"/> baccalaureate/vocational bac.		highest professional education <input type="checkbox"/> without vocational training <input type="checkbox"/> recognized vocational training <input type="checkbox"/> foreman/engineer/equivalent professional degree <input type="checkbox"/> Bachelor <input type="checkbox"/> diploma/Magister/Master/state examination <input type="checkbox"/> Promotion	
start of apprenticeship:		expected end of apprenticeship:	In the construction industry employed since
Weekly working time: <input type="checkbox"/> fulltime <input type="checkbox"/> part-t.		if nec. Distribution of weekly working time (hrs) Mon Tue Wed Thur Fri Sat Sun	Vacation entitlement (Calendar year)
cost center		Department number	Person group

## limitation

<input type="checkbox"/> the employment relationship is limited in time	<input type="checkbox"/> earmarked for a specific purpose	Start of the limitation:
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<input type="checkbox"/> Written conclusion of the fixed-term employment contract	end of the limitation:
<input type="checkbox"/> temporary employment is foreseen for at least 2 months, with the prospect of further employment	

## Accepting certificates electronically (Bea)

<input checked="" type="checkbox"/> I object to the electronic transmission of employment and supplementary income certificates to the federal employment agency
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## taxes

ID number	Tax office number	Tax class/factor	child allowance	denomination
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## Social security

statutory health insurance (for PKV: last statutory health insurance)			parental status <input type="checkbox"/> yes <input type="checkbox"/> no	
KV	RV	AV	PV	UV

## Remuneration

Designation	Amount	Valid from	Hourly wage	Valid from
Designation	Amount	Valid from	Hourly wage	Valid from
Designation	Amount	Valid from	Hourly wage	Valid from

## Capital-forming benefits (VWL) – only necessary if a contract exists

recipient VWL	Amount	Employer contribution (Amount monthly)
	Since when	Contract number
Bank account number (IBAN)	Bank code/Bank identification code (BIC)	

## Information on the working papers

Employment contract and if available the agreement on hours/time account	<input type="checkbox"/> is present
Certificate of income tax deduction	<input type="checkbox"/> is present
Social security card	<input type="checkbox"/> is present
Health insurance membership certificate	<input type="checkbox"/> is present
Certificate of private health insurance	<input type="checkbox"/> is present
VWL contract	<input type="checkbox"/> is present
Proof of parental status	<input type="checkbox"/> is present
Contract company pension	<input type="checkbox"/> is present
severely disabled person's pass	<input type="checkbox"/> is present
Documents social fund construction/painter	<input type="checkbox"/> is present
Work permit if required	<input type="checkbox"/> is present

## Information on taxable periods of previous employment in the current calendar year

Period from	Period until	Type of employment	Number of days employed

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**Declaration by the employee:** I certify that the above information is true and correct. I undertake to notify my employer immediately of any changes, in particular with regard to further employment (in terms of type, duration and remuneration).

\_\_\_\_\_

date

\_\_\_\_\_

signature employee

\_\_\_\_\_

date

\_\_\_\_\_

for minors: signature  
of the legal representative

\_\_\_\_\_

date

\_\_\_\_\_

signature employer