

Personnel questionnaire

for marginal (mini-job) or short-term employees (fields with gray background are to be filled in by the employer)



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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) <input type="checkbox"/> cash payment	Bank code/bank identification code (BIC)	

Employment

entry date	first entry date	permanent establishment
Job title	Activity carried out	
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.	<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
Vacation entitlement (calendar year)		if nec. distribution of weekly working time (hrs) Mon Tue Wed Thur Fri Sat Sun
cost center department number	Person group	In the construction industry employed since

Status at the start of employment

- Employee
- Employee in parental leave
- Unemployed
- Official
- Househusband/housewife
- Pupil
- School graduate
- Self-employed
- Student
- Welfare recipients

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Company:

- Study applicants
- military/civil service

taxes

ID number		Tax office number <input type="checkbox"/>		Child allowance	
Tax class/factor	denomination	Lump sum <input type="checkbox"/> 2% <input type="checkbox"/> 20%		Devolution to employees <input type="checkbox"/> yes <input type="checkbox"/> no	

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Social security

health insurance <input type="checkbox"/> statutory <input type="checkbox"/> private	Name of the health insurance company/ private insurance
only for marginally employed:	<input type="checkbox"/> Application for exemption from compulsory pension insurance has been submitted.

Remuneration

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)	

Do you have any other occupations?

yes no

Details of other occupations

(For short-term employees, also for previous employment from the previous year)

period	employer	Type of activity	Weekly working time
from:		<input type="checkbox"/> marginally paid	
till:		<input type="checkbox"/> not marginally paid	
		<input type="checkbox"/> short term employed	
from:		<input type="checkbox"/> marginally paid	
till:		<input type="checkbox"/> not marginally paid	
		<input type="checkbox"/> short term employed	

Does the aggregation of monthly Remuneration exceed EUR 538?

yes no

(Note for the employer: Check assessment under social security law)

Accepting certificates electronically (Bea)

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

Information on the working papers

Employment contract	<input type="checkbox"/> is present	Documents social fund construction/painter	<input type="checkbox"/> is present
Certificate of income tax deduction /	<input type="checkbox"/> is present	Certificate of private health insurance	<input type="checkbox"/> is present
Days of employment with previous employers		VWL contract	<input type="checkbox"/> is present
Social security card	<input type="checkbox"/> is present	School-/Study certificate	<input type="checkbox"/> is present
Application liberation pension ins.	<input type="checkbox"/> is present	severely disabled persons 's pass	<input type="checkbox"/> is present

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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 employee