

**Personal Questionnaire for employees from 538,01€
 and apprentices + "Gleitzone"**

(Please fill in pages 1 - 5 electronically, if possible!)

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Relationship to employer

- Spouse/partner
- Offspring (Son/Daughter)
- Employee is no Spouse/partner or offspring

PROOF OF PARENTHOOD

I have children

YES

With the following documents I am providing the proof of my parenthood for this/these child/children:

Name of child: _____

Name of further children: _____

NO

The proof is provided with the following documents (copies do suffice):

- Birth certificate
- Certificate of descent
- Certified copy of the birth register from the registry office
- Excerpt from family record book
- Fiscal life certificate of residents' registration office
- Confirmation on foster-child relationship by competent authority
- Adoption certificate
- Marriage certificate with proof of spouse's child
- Child allowance notice
- Child-raising allowance notice
- Other proof: _____

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SALARY INFORMATION						
Monthly salary:						Hourly wage:
Holiday pay:						Christmas bonus:
Employment of limited duration?						
yes <input type="checkbox"/> no <input type="checkbox"/>						
If yes, until _____						
Weekly working hours:		Distribution of weekly working hours:				
_____ hours.		Mo Hrs.:	Tue Hrs.:	Wed. Hrs.:	Thu Hrs.:	Fr Hrs.:
Is there also a minijob employment relationship in addition to the main employment?						
yes <input type="checkbox"/> no <input type="checkbox"/>						
Do you have a contract for capital-forming benefits?						
yes <input type="checkbox"/> no <input type="checkbox"/>						
(please provide a copy of contract)						
Is there a contract for occupational pension provision?						
yes <input type="checkbox"/> no <input type="checkbox"/>						
(please provide a copy of contract)						
I object to the electronic transmission of employment and secondary income certificates to the Federal Employment Agency:						
yes <input type="checkbox"/> no <input type="checkbox"/>						

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CERTIFICATES (please attach and tick)
<input type="checkbox"/> Working contract (copy):
<input type="checkbox"/> Certificate of income tax deduction (original):
<input type="checkbox"/> Certificate of studies (copy/original):
<input type="checkbox"/> Contract capital-forming benefits/Direct insurance/Pension fund (copy):
<input type="checkbox"/> Membership certificate of health insurance (copy/original):
<input type="checkbox"/> Certificate of private health insurance (copy/original):
<input type="checkbox"/> Proof of parenthood (e. g. copy of birth certificate):
<input type="checkbox"/> Social security card (copy):
<input type="checkbox"/> Severe disability certificate (copy):
<input type="checkbox"/> Documents social fund construction/painters:
<input type="checkbox"/> Work permit (copy):
<input type="checkbox"/> Other:

Declaration of employee:

With my signature, I certify that the above information is true and correct. I undertake to inform my employer of any changes, in particular the commencement of further employment, without being asked to do so and without delay.

Date: _____ Signature employee: _____