

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

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

Employer: Personal number: Place of work: Cost Center: **GENERAL INFORMATION** Name: Birth name: First name: Street: Postcode, City: Date of birth: Place of birth: Nationality: Country of birth: Marital status: □ unmarried □ married ☐ living permanently separated Gender: male □ female □ diverse □ indeterminate Mobile phone: Phone number: E-Mail-Address: Work permit (by foreign employees) at hand: yes 🗆 no 🗆 Tax class/factor: Child allowance: Confession: Identification number: Name of bank: IBAN: BIC: Type of activity: Start date: Leaving date:



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

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

2 Severe disability Severe disability: yes 🗆 no 🗆 Degree of disability: (Please provide a copy of severe disability certificate) INFORMATION ON SOCIAL INSURANCE Health insurance: please tick the box! □ Voluntary insurance □ Self-payer ☐ Private insurance ☐ Firm as payer □ Statutory insurance (Please provide your membership certificate) Name and address of health insurance: Social security number: Social security card at hand: yes 🗆 no 🗆 Professional pension scheme/ Berufsständiges Versorgungswerk: BV-Membership number: (Please provide your membership certificate) **Education:** □ no school degree ☐ Volks-/Hauptschule ☐ mittlere Reife or similar certificate □ Abitur/Fachabitur □ Other (please precise) ____ Professional training: ☐ No professional training completed ☐ Recognized professional training completed ☐ Master, technician or similar technical degree □ Bachelor ☐ Diploma/Magister/Master/Staatsexamen Doctorate ☐ Other (please precise)



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

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

3 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: _____



Personal Questionnaire for employees from 538,01€ and apprentices + "Gleitzone" (Please fill in pages 1 - 5 electronically, if possible!)

SALARY INFORMATION	J						
Monthly salary:	Hourly wage:						
Holiday pay:	Christmas bonus:						
Employment of limited du	uration?						
yes □ no □							
If yes, until							
Weekly working hours: Distribution of weekly working hours:							
hours.	Мо	Tue	Wed.	Thu	Fr	Sa	
	Hrs.:	Hrs.:	Hrs.:	Hrs.:	Hrs.:	Hrs.:	
Is there also a minijob employment relationship in addition to the main employment? yes no							
Do you have a contract for capital-forming benefits?							
res 🗆 no 🗆							
(please provide a copy of contract)							
Is there a contract for occupational pension provision?							
yes □ no □							
(please provide a copy of contract)							
I object to the electronic transmission of employment and secondary income certificates to the Federal Employment Agency:							
yes □ no □							



5

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

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

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