

**Personal Questionnaire for employees from 603,01€
and apprentices + "Gleitzone"**

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

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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: <input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> living permanently separated	
Gender: male <input type="checkbox"/> female <input type="checkbox"/> diverse <input type="checkbox"/> indeterminate <input type="checkbox"/>	
Phone number:	Mobile phone:
E-Mail-Address:	
Work permit (by foreign employees) at hand:	yes <input type="checkbox"/> no <input type="checkbox"/>
Tax class/factor:	Confession:
	Child allowance:
Identification number:	
Name of bank:	
IBAN:	
BIC:	
Type of activity:	
Start date:	Leaving date:

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

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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)						

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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: _____