

Personal Questionnaire for trainees
(Please fill in pages 1 - 6 electronically, if possible!)

1

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:

Personal Questionnaire for trainees
 (Please fill in pages 1 - 6 electronically, if possible!)

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"/>
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)	

Personal Questionnaire for trainees
 (Please fill in pages 1 - 6 electronically, if possible!)

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 trainees
 (Please fill in pages 1 - 6 electronically, if possible!)

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.:	Sa 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)						

Personal Questionnaire for trainees
 (Please fill in pages 1 - 6 electronically, if possible!)

DETERMINATION OF THE TRAINEE STATUS

The minimum wage also applies to trainees, except for the following exceptions (text of the law as recommended by the Committee on Labour and Social Affairs). This Act applies to employees. Trainees within the meaning of section 26 of the Vocational Training Act (Berufsbildungsgesetz) shall be deemed to be employees within the meaning of this Act, unless they:

- complete a traineeship, compulsory on the basis of a provision of school law, a training regulation, a provision under higher education law or within the framework of training at a vocational academy regulated by law (internship compulsory within the framework of studies or higher education) yes no
- complete a traineeship of up to 3 months as an orientation for vocational training or for taking up a course of study yes no
- complete a traineeship of up to 3 months accompanying a vocational or higher education course, if such a traineeship relationship did not previously exist with the same trainer or yes no
- participate in an introductory training pursuant to § 54 a of the Third Book Social Code or in vocational training preparation pursuant to §§ 68 to 70 of the Vocational Training Act yes no

If none of the above criteria apply, according to current case law, which came into force on 01.01.2015, it is an employment relationship that falls under the minimum wage regulation (gross wage **13,90** euros per hour).

Personal Questionnaire for trainees
(Please fill in pages 1 - 6 electronically, if possible!)

6

CERTIFICATES (please attach and tick)
<input type="checkbox"/> Working contract (copy):
<input type="checkbox"/> Certificate of studies (copy):
<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: _____