GTK Wirtschaftsprüfer Steuerberater GmbH
Wirtschaftsprüfungsgesellschaft

Personal Questionnaire for trainees

(Please fill in pages 1 - 6 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 ☐	
Phone number:	Mobile phone:
E-Mail-Address:	
Work permit (by foreign employees) at hand: yes ☐ no ☐	
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 ☐ no ☐

Degree of disability: _____%

(Please provide a copy of severe disability certificate)

INFORMATION ON SOCIAL INSURANCE

Health insurance: please tick the box!

- ☐ Voluntary insurance
- ☐ Private insurance
- ☐ Statutory insurance
- ☐ Self-payer
- ☐ Firm as payer

(Please provide your membership certificate)

Name and address of health insurance:

Social security number:

Social security card at hand: yes ☐ no ☐

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)

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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 ☐ no ☐

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 ☐ no ☐

Do you have a contract for capital-forming benefits?

yes ☐ no ☐

(please provide a copy of contract)

Is there a contract for occupational pension provision?

yes ☐ no ☐

(please provide a copy of contract)

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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).

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CERTIFICATES (please attach and tick)
☐ Working contract (copy):
☐ Certificate of studies (copy):
☐ 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.

Date:_____ Signature employee: _____