|  |
| --- |
| Dieser Personalfragebogen dient zur Vorerfassung von Personaldaten für das DATEV-Lohnabrechnungsprogramm. Zur Wahrung der Aufbewahrungsfrist wird der ausgefüllte Personalfragebogen von dem Arbeitgeber / der lohnabrechnenden Stelle gespeichert. |
| **Personal data** |
| Surname, maiden name as applicable | Given name |
| Street and house number (incl. additional information) | Post code, city |
| Date of birth | Gender **[ ]**  male **[ ]** female | **[ ]**  diverse**[ ]**  undetermined |
| Insurance number(as per social security card) |  |
| Place, country of birth– *only if**without insurance number* | Severely disabled | **[ ]** Yes **[ ]** No |
| Nationality | Employee number, pension fund – construction |
| Bank account number (IBAN) | **[ ]** Cash payment | Sort code/bank ID (BIC) |
| **Employment** |
| Date employment contract begins | First day | Place of employment |
| Description of profession  | Job performed |
| Education | **[ ]** Volkschule/Hauptschule (completion of secondary education) | Professional training |  **[ ]** Yes **[ ]** No |
| **[ ]** Abitur (equivalent of A levels in UK) |
| **[ ]** Technical school/university |
| **[ ]** University degree |
| Holiday entitlement (calendar year) | Weekly/daily working hours | Employed in construction industry since |
| Cost centre | Department number | Person group |
| **Status at beginning of employment**  |
| **[ ]** Employee | **[ ]** School pupil | **[ ]** University applicant |
| **[ ]** Employee on parental leave | **[ ]** Unqualified | **[ ]** Military/social service |
| **[ ]** Unemployed | **[ ]** Self-employed | **[ ]** Other: |
| **[ ]** Civil servant | **[ ]** Student |  |
| **[ ]** Housewife/househusband | **[ ]** Social welfare recipient |  |

|  |
| --- |
| **Taxes** – Information as per income tax card |
| Official Municipality/community key | Tax office number | Identification number |
| Tax class/factor | Number of exemptions for children | Denomination | 2% flat tax  | **[ ]** Yes  **[ ]** No |
| **Social insurance** |
| Health insurance  |  **[ ]** State **[ ]**  Private  | Name of state/private insurer |
| Accident insurance risk tariff | DEÜV-status |
| **For workers with mini jobs only:** option for increasing pension insurance payments (§ 5, para. 2, no. 2 Social Security Code (SGB VI)) |  **[ ]**  Refuse pension-insurance option **[ ]**  Exercise pension-insurance option (waive pension-insurance exemption) |
| **Compensation** |
| Description | Amount | Valid from | Hourly wage | Valid from |
| Description | Amount | Valid from | Hourly wage  | Valid from |
| **Capital-forming benefits (VWL)** – only required if contract is at hand |
| Recipient | Amount | Employer share (monthly amount) |
| Since | Contract number |
| Bank account number (IBAN) | Sort code/bank ID (BIC) |
| **Information on additional employment**(for short-term employees also already terminated jobs from this calendar year) |
| **Time period** | **Employer** | **Type of work** | Weekly hours |
|  |  | **[ ]** Mini job**[ ]** Non-mini job employment[ ]  Short-term employment |  |
|  |  | **[ ]** Mini job**[ ]** Non-mini job employment[ ]  Short-term employment |  |
| **Do the monthly wages sum up to more than EUR 520?** [ ]  ja [ ]  nein(Note for employer: verify social security evaluation) |
| **🞏**I object to my income statements (earned and additional) being forwarded electronically to the Bundesagentur für Arbeit (Federal Employment Office). |

|  |
| --- |
| **Employment documents** |
| * Employment contract
 | **[ ]** At hand | **[ ]** Included |
| * Income tax card/number of days employed at previous employer(s)
 | No. of days employed | **[ ]** Included |
| * Social insurance ID
 | **[ ]** Presented | **[ ]** Copy included |
| * Application for exemption from pension insurance
 | **[ ]** At hand | **[ ]** Included |
| * Certificate of private health insurance
 | **[ ]** At hand | **[ ]** Included |
| * Capital-forming benefits (VWL) contract
 | **[ ]** At hand | **[ ]** Included |
| * School/university certificate
 | **[ ]** At hand | **[ ]** Included |
| * Severely disabled ID
 | **[ ]** Presented | **[ ]** Copy included |
| * Pension fund documents construction/painting
 | **[ ]** At hand | **[ ]** Included |

**Declaration by the employee:**

I affirm that the above information is correct. I undertake to inform my employer without delay of any changes, in particular with regard to further employment (in respect of type, duration and remuneration).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | **Employee signature** |  | **Date** |  | **Employer signature** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | **For minor signature of legal guardian** |  |  |  |  |