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| 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) | Sort code/bank ID (BIC) |
| **Employment** |  |  |
| Date employment contract begins  | First day | Place of employment |
| Description of profession | Job performed |
| **[ ]** Main employment / full time occupation**[ ]** Secondary empooyment | Probation: **[ ]**  Yes **[ ]**  NoDuration of probation: |
| Do you have a second place of employment? **[ ]**  Yes **[ ]**  NoIs this a so-called minor (geringfügig) employment with a maximum monthly income of 520,00 EUR / 6.240,00 EUR per annum? **[ ]**  Yes **[ ]**  No |
| Highest level of education**[ ]** No school leaving certificate**[ ]** Haupt-/Volksschulabschluss (completion of secondary education)**[ ]** School leaving certificate or equivalent**[ ]** Abitur/Fachabitur (equivalent of A levels in UK) | **[ ]** Highest level of professional training**[ ]** No vocational training**[ ]** Officially recognised vocational training**[ ]** Master craftsman/technican/equivalent degree**[ ]** Bachelor’s degree**[ ]** Diploma/graduate degree/master’s degree/state examination certificate**[ ]** PhD |
| Start of training / apprenticeship: | Expected end of training / apprenticeship: | Employed in construction since: |
| Weekly work time:**[ ]** Full time **[ ]** Part Time | Where appropriate: Distribution of weekly work hours (hourly):Mo Tu Wed Thu Fr Sa Su | Holiday entitlement (calender year): |
| Cost Center: | Dept.-Number: | Person group key: |
| Form of contract: | **[ ]** 1 – Unlimited Full-Time**[ ]** 2 – Unlimited Part-Time | **[ ]** 1 – Limited Full-Time**[ ]** 2 – Limited Part-Time |
| **Limitation** |  |  |
| **[ ]**  The work contract is limited / **[ ]**  Functionally limited / **[ ]**  Unlimited  | Limitation of employment contract until: |
| **[ ]**  Written conclusion of the limited contract | Date of employment contract conclusion: |
| **[ ]**  Limited employment is intended for at least 2 months, with the prospect of continued employment |
| **Taxes -** Information as per income tax card  |
| Tax identification number: | Tax class/factor: |
| Tax deduction for children (Kinderfreibeträge): | Religious denomination |

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| **Social insurance**  |
| National health insurance (if you are insured with a private health insurance: last national health insurance): |  |
| KV - national health insurance | RV - pension insurance |
| AV - unemployment insurance | PV - long-term care insurance |
| Accident insurance risk tariff | DEUEV-status |
| **Children for whom parenthood can be proven:** |
| Surname | Given name | Date of birth (DD.MM.YYYY) |
| Surname | Given name | Date of birth (DD.MM.YYYY) |
| Surname | Given name | Date of birth (DD.MM.YYYY) |
| Surname | Given name | Date of birth (DD.MM.YYYY) |
| Surname | Given name | Date of birth (DD.MM.YYYY) |

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| **Compensation** |  |  |
| Description Amount Valid for | Hourly wage Valid from |
| Description Amount Valid for | Hourly wage Valid from |
| Description Amount Valid for | Hourly wage Valid from |

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| **Capital-forming benefits (VWL)** |  |
| Recipient | Amount | Employer share (monthly amount) |
| Since | Contract number |
| Bank account number (IBAN) | Sort code/bank ID (BIC) |

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| **Information of taxable previous employment periods in the current calendar year** (these are time periods of employment accounted for on the income tax card)  |
| Time period from | Time period to | Type of employment | Number of employment days  |
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**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).

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| Date Employee signature |   | Date Employer signature |

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| Date For minor signature of legal guardian |   |  |