| Information on the new employee | Personnel number: |  |
| --- | --- | --- |
| 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 |
| 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 |

|  |  |
| --- | --- |
| Date apprenticeship begins | Planned date apprenticeship ends |
| Holiday entitlement (calender year) | Cost centre |
| Weekly/daily working hours **[ ]**  full time **[ ]**  part time | Department number |
| Employed in construction industry since | Person group |
| **Terms of employment** |  |  |
| **[ ]** The term of employment is fixed**[ ]** The term of employment is fixed for a purpose | **[ ]** Written conclusion of a fixed-term employment contract**[ ]** Fixed-term employment is planned for at least two months, with prospects of further employment |
| Employment contract fixed until | Employment contract concluded on |
| **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 |

|  |
| --- |
| **Social insurance**  |
| State insurer | Legislated state insurer evaluationHealth insurance | Pension insurance | Retirement insurance | Nursing care insurance |
| State insurer number | Accident insurance risk tariff |
| DEÜV-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) |

|  |  |  |
| --- | --- | --- |
| **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 |

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

|  |
| --- |
| **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  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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 |   |  |