| 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 evaluation  Health 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) | | |
| Employment documents |  | |  | |
| Employment contract  Income tax card/written confirmation of income tax  Social insurance ID  State insurance membership certificate  Private health insurance certificate  Capital-forming benefits (VWL) contract  Proof of parenthood | * At hand * At hand * At hand * At hand * At hand * At hand * At hand | Company retirement provision contract  Declaration of earning for previous employment  For evaluation of insurance exemption regarding health insurance  Severely disabled ID  Pension fund documents construction/painting | | * At hand * At hand * At hand * At hand * At hand |

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