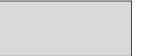
K.KRAUSE

COMPANY NAME:

### Information on the new employee

Employee 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 diverse female undetermined
Insurance number (as per social security card)	
Place, country of birth – only if without insurance number	Severely disabled yes
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	Probation: Yes No		
Secondary empooyment		Duration of probation:		
Do you have a second place of employ	ment?	Yes No		
Is this a so-called minor (geringfügig) annum?	employment with a ma	aximum monthly income of 520,00 EUR / 6.240,00 EUR per		

# Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)

COMPANY NAME:



# Information on the new employee

Employee number:

Highest level of education			Highest level o	f professional training	
No school leaving certificate	No school leaving certificate		No vocational training		
Haupt-/Volksschulabschluss ( secondary education)	completion of		Officially recog	Officially recognised vocational training	
School leaving certificate or e	equivalent		Master craftsm	an/technican/equivalent degree	
			Bachelor's degree		
UK)			Diploma/graduate degree/master's degree/state ation certificate		
			PhD		
Start of training / apprenticeship:	Expected end of training / apprenticeship:		Employed in construction since:		
Weekly work time:	Where appropriate: Distribution of weekly work hours (hourly):		Holiday entitlement (calender vear):		
Full time Part Time	Mo Tu Wed Thu Fr Sa Su				
Cost Center:	DeptNumber:		Person group key:		
Form of contract:	1 – Unlimited Full-Time		1 – Limited Full-Time		
	2 – Unlimited Part-Time		2 – Limited Part-Time		

### Limitation

The work contract is limited / Functionally limited / Limitation of employment contract until:			
Unlimited			
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 class/factor:
Religious denomination

# Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)

### COMPANY NAME:



## Information on the new employee

Employee number:

Social insurance	
National health insurance (if you are insured with a private health insurance: last national health insurance):	

KV - national health insura	nce	RV - pension insurance
AV - unemployment insura	nce	PV - long-term care insurance
Accident insurance risk tari	iff	DEUEV-status
Children for whom paren	thood 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	

Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)



COMPANY NAME:

### Information on the new employee

Employee number:

### 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