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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 | | | | YesNo |
| 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 | | | |  | | |

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| **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) | | | | | | | | | | | | | | | | |

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| **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).

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

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