COMPANY NAME:



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			
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		Highest level of professional training			
No school leaving certificate		No vocational training			
Haupt-/Volksschulabschluss secondary education)	s (completion of	Officially recognised vocational training  Master craftsman/technican/equivalent degree			
School leaving certificate o	r equivalent				
Abitur/Fachabitur (equivalent of A levels in		Bachelor's degree			
UK)		Diploma/graduate degree/master's degree/state examination certificate			
		PhD			

#### COMPANY NAME:



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 num	ber	Identification number		
Tax class/factor Number of exe		mptions for children	Denomination		

COMPANY NAME:



**Social insurance** 

State insurer	Legislated state	Legislated state insurer evaluation			
	Health insurance	Health insurance   Pension insurance   Retirement insurance   Nursing care insurance			
State insurer number		Accident insurance	erisk 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

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		

COMPANY NAME:



Capital-form	ing benefits (V	WL)				
Recipient		•	Amount		Employer share (monthly amount)	
			Since		Contract number	
Bank account number (IBAN)			Sort code/bank ID (BIC)			
	of taxable preverse time periods of				urrent calendar come tax card)	
Time period from Time period to		Type of employment		Number	Number of employment days	
					oyer without delay of ype, duration and	
Date Er	nployee signature		Date I	Employer	signature	
	r minor signature ( Jardian	of legal				