

# Personnel Questionnaire

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



**ZAHLENWERK**  
STEUERBERATUNGSGESELLSCHAFT

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 <input type="checkbox"/> male <input type="checkbox"/> diverse<br><input type="checkbox"/> female <input type="checkbox"/> undetermined |
| Insurance number (as per social security card)         |  |
| Place, country of birth                                | Severely disabled <input type="checkbox"/> yes<br><input type="checkbox"/> 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  |
| <input type="checkbox"/> Main employment / full time occupation  | <input type="checkbox"/> Secondary employment   | Probation: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Duration of probation:  |
| Do you have a second place of employment?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| Is this a so-called minor (geringfügig) employment with a maximum monthly income of 520,00 EUR / 6.240,00 EUR per annum? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| Highest level of education   |   | Highest level of professional training   |
| <input type="checkbox"/> No school leaving certificate   | <input type="checkbox"/> Haupt-/Volksschulabschluss (completion of secondary education) | <input type="checkbox"/> No vocational training  |
| <input type="checkbox"/> School leaving certificate or equivalent  | <input type="checkbox"/> Abitur/Fachabitur (equivalent of A levels in UK)               | <input type="checkbox"/> Officially recognised vocational training                             |
|  |   | <input type="checkbox"/> Master craftsman/technician/equivalent degree                         |
|  |   | <input type="checkbox"/> Bachelor's degree   |
|  |   | <input type="checkbox"/> Diploma/graduate degree/master's degree/state examination certificate |
|  |   | <input type="checkbox"/> PhD   |

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Employee number:

|  |  |  |
|--|--|--|
| Start of training / apprenticeship:  | Expected end of training / apprenticeship:   | Employed in construction since:  |
| Weekly work time:<br><input type="checkbox"/> Full time <input type="checkbox"/> Part Time | Where appropriate: Distribution of weekly work hours (hourly):<br>Mo   Tu   Wed   Thu   Fr   Sa   Su | Holiday entitlement (calendar year):   |
| Cost Center:   | Dept.-Number:  | Person group key:  |
| Form of contract:  | <input type="checkbox"/> 1 - Unlimited Full-Time<br><input type="checkbox"/> 2 - Unlimited Part-Time | <input type="checkbox"/> 1 - Limited Full-Time<br><input type="checkbox"/> 2 - Limited Part-Time |

### Limitation

|  |  |
|--|--|
| <input type="checkbox"/> The work contract is limited / <input type="checkbox"/> Functionally limited / <input type="checkbox"/> Unlimited | Limitation of employment contract until: |
| <input type="checkbox"/> Written conclusion of the limited contract  | Date of employment contract conclusion:  |
| <input type="checkbox"/> Limited employment is intended for at least 2 months, with the prospect of continued employment                   |  |

### Taxes - Information as per income tax card

|   |                        |
|---|------------------------|
| Tax identification number:                      | Tax class/factor:      |
| Tax deduction for children (Kinderfreibeträge): | Religious denomination |

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## Social insurance

|   |                               |
|---|-------------------------------|
| National health insurance (if you are insured with a private health insurance: last national health insurance): |                               |
| KV - national health insurance  | RV - pension insurance        |
| AV - unemployment insurance   | PV - long-term care insurance |
| Accident insurance risk tariff  | DEUEV-status                  |

## Children for whom parenthood can be proven:

| Surname | Given name | Date of birth (DD.MM.YYYY) |
|---------|------------|----------------------------|
|         |            |                            |
|         |            |                            |
|         |            |                            |
|         |            |                            |
|         |            |                            |

## Compensation

| Description | Amount | Valid for | Hourly wage | Valid from |
|-------------|--------|-----------|-------------|------------|
|             |        |           |             |            |
|             |        |           |             |            |
|             |        |           |             |            |

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## 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