

Personnel questionnaire for workers with mini jobs or short-term employment

(employees are to leave the grey fields blank)

Company:



ZAHLENWERK
STEUERBERATUNGSGESELLSCHAFT

Employee Name

Personnell number

1. Personal data

Surname (maiden name as applicable)	First name
Maiden name as applicable	Date of birth
Place of birth (city)	Place of birth (country)
Nationality	Disability <input type="checkbox"/> yes <input type="checkbox"/> no
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> diverse
Street and house number (incl. additional information)	Post code, city
Insurance number (as per social security card)	SOKA-BAU employee number (if applicable)

2. Bank details

Bank account number (IBAN)	Sort code/bank ID (BIC)	<input type="checkbox"/> cash payment
Deviant bank account holder (if the bank account holder is a different person than the employee)		

3. Employment

Entry date	
First entry date into the company	Job performed
branch	Description of profession
cost center	Employed in the construction industry since

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4. School and vocational training

Highest school degree <input type="checkbox"/> No qualification <input type="checkbox"/> Mittel-/Volksschule (Completion of lower-secondary education) <input type="checkbox"/> Mittlere Reife (Completion of higher-secondary education) <input type="checkbox"/> Abitur/Fachabitur (Equivalent of A levels in UK)	Highest vocational training Berufsausbildung <input type="checkbox"/> Unqualified <input type="checkbox"/> recognized training <input type="checkbox"/> Master/Technician <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Diploma / Masters degree / State examination <input type="checkbox"/> Doctorate
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5. Working hours and vacation

Weekly working hours	hours	Holiday entitlement (calendar year)						days
<input type="checkbox"/> full-time <input type="checkbox"/> part-time								
Distribution of hours (Mo-So)		Mo	Tue	Wed	Thu	Fri	Sat	Sun

6. Status at the beginning of employment

<input type="checkbox"/> Employee	<input type="checkbox"/> University applicant
<input type="checkbox"/> Civil servant	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Unqualified	<input type="checkbox"/> School pupil
<input type="checkbox"/> Unemployment benefit/social assistance recipient	<input type="checkbox"/> Student
<input type="checkbox"/> Parental leave	<input type="checkbox"/> Military/social service
<input type="checkbox"/> House wive / house man	<input type="checkbox"/> Other:
<input type="checkbox"/> Self-employed	

7. Tax information as per income tax card

Identification number	Tax class/factor
Number of exemptions for children	Denomination
Flat tax	<input type="checkbox"/> 2% <input type="checkbox"/> 20%
Passing it onto the employee	<input type="checkbox"/> yes <input type="checkbox"/> np

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8. Social insurance

Health insurance <input type="checkbox"/> State <input type="checkbox"/> Private	Name of state/private insurer:
Accident insurance risk tariff	Option for increasing pension insurance payments <input type="checkbox"/> Refuse pension-insurance option <input type="checkbox"/> Exercise pension-insurance option (waive pension-insurance exemption)

9. Compensation

Description	Amount (€)	Hourly wage	Valid from

10. Capital-forming benefits (VWL)

Recipient	Amount (€)
Since	Contract Number
IBAN	BIC
Employer share (monthly amount €)	

11. Information on additional employment

Do you have any other occupations? <input type="checkbox"/> yes <input type="checkbox"/> no			
Time period (from – till)	employer	Type of work	Weekly work hours
From:		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> Short-term employment	
Till:			
From:		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> Short-term employment	
Till:			

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Is the legal income border adhered to, if all monthly income is added up? (Note for employer: verify social security evaluation)

yes no

12. Info on employment documents

	included (☑)
Employment contract	<input type="checkbox"/>
Income tax card/number of days employed at previous employer(s)	<input type="checkbox"/>
Social insurance ID	<input type="checkbox"/>
Application for exemption from pension insurance	<input type="checkbox"/>
Certificate of private health insurance	<input type="checkbox"/>
Capital-forming benefits (VWL) contract	<input type="checkbox"/>
School/university certificate	<input type="checkbox"/>
Severely disabled ID	<input type="checkbox"/>
Pension fund documents construction/painting	<input type="checkbox"/>

13. Declaration by the employee & signature

Declaration of the employee: I confirm 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
<input type="text"/>	<input type="text"/>

For a minor - signature of legal guardian:

Date	Legal guardian signature
<input type="text"/>	<input type="text"/>

Employer Signature:

Date	Employer signature
<input type="text"/>	<input type="text"/>

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