

# Personnel Questionnaire for Permanent Employees and Trainees

Please fill out the following information for each permanent employee and trainee. The information must be signed by both the employee and the employer. This will help us to process your payroll promptly.

Company/Employer (including stamp, if applicable):

\_\_\_\_\_

## Personal Information

Last Name (including Birth Name if applicable): \_\_\_\_\_

First Name: \_\_\_\_\_

Street and House Number (including address suffix): \_\_\_\_\_

Postal Code, City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place and Country of Birth: \_\_\_\_\_

Gender:    diverse    non-binary    male    female

Nationality: \_\_\_\_\_

EU citizen (Please attach a copy of your passport.)

Non-EU citizen (Please provide a valid work and residence permit.)

Severely Disabled:    yes    no    Pension Insurance Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Account Number (IBAN): \_\_\_\_\_

Bank Code (BIC): \_\_\_\_\_

## Social Security

Health Insurance: \_\_\_\_\_

Parental Status/Children (Yes/No; please attach a copy of the birth certificate(s) of the child/children):

\_\_\_\_\_

\_\_\_\_\_



**Information on Taxable Previous Employment Periods in the Current Calendar Year**

(These are periods during which work was performed with the submission of the income tax card.)

Period from (DD.MM.YYYY): \_\_\_\_\_ Period to (DD.MM.YYYY): \_\_\_\_\_

Type of Employment: \_\_\_\_\_ Number of Employment Days: \_\_\_\_\_

Period from (DD.MM.YYYY): \_\_\_\_\_ Period to (DD.MM.YYYY): \_\_\_\_\_

Type of Employment: \_\_\_\_\_ Number of Employment Days: \_\_\_\_\_

**Employee Declaration**

I confirm that the above information is true. I commit to notifying my employer of any changes, especially regarding additional employment (concerning type, duration, and compensation), without delay.

Date: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Employer: \_\_\_\_\_