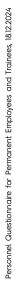




Personnel Questionnaire for Permanent Employees and Trainees

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 Cou	untry of Birth:
Gender: diverse non-binary male fe	emale
Nationality:	
EU citizen (Please attach a copy of your passport.)	
Non-EU citizen (Please provide a valid work and re	sidence permit.)
Severely Disabled: yes no Pension Insura	nce Number:
Marital Status:	
Account Number (IBAN):	
Bank Code (BIC):	
Details of children	
Number of children: (For each child	l, the birth certificate must be attached)
1. First name, surname:	Date of birth:
2. First name, surname:	Date of birth:
3. First name, surname:	Date of birth:
4. First name, surname:	Date of birth:





Social Security					
Health Insurance:			_		
Parental Status/Children	(Yes/No; please	e attach a co	opy of the birth	certiti	cate(s) of the child/children):
Tax Information (If no i	nformation is pr	ovided, tax o	class 6 will appl	y from	n the 3rd month onwards.)
Identification Number:			Tax Class/Fa	ctor:	
Child Allowances:			Religious Der	omino	ation:
Employment Information	n				
Date of Entry:			as		
Highest School Qualifica	ition: Witho	ut School Qu	ıalification	Basic	School Certificate
Secondary School C	ertificate H	ligh School D	Diploma		
Professional Training:	Without Profes	ssional Trainii	ng Qualification		
Completed Recogniz	ed Professional	Training			
Master/Technician o	r Equivalent Tech	nnical School	Qualification		
Bachelor Diplo	ma/Magister/Ma	ıster/State Ex	amination	Docto	prate
Weekly Working Hours:	Full-time	Part-time	Number of Ho	urs:	
Hours/Weekday:	Monday:		Tuesday:		Wednesday:
hursday:	Friday:		Saturday:		Sunday:
Fixed-term Employmer	ıt				
The employment rela	ationship is fixed	-term.			
The employment rela	ationship is fixed	-term for a s	pecific purpose.		
Written conclusion o	f the fixed-term	employment	contract.		
Fixed-term employm	ent is intended 1	for at least 2	months with a	prosp	ect of continued employment
ixed-term employment	contract valid u	ntil (DD.MM.Y	YYY):		
Conclusion of amployme	ont contract on ((DD MM VVVV	٦.		



Payment		
Salary/Wages:		
Hourly Wage:	Valid From:	
Information on	Taxable Previous Employment Per	iods in the Current Calendar Year
(These are period	ods during which work was performed	d with the submission of the income tax card.)
Period from (DE	D.MM.YYYY):	Period to (DD.MM.YYYY):
Type of Employ	ment:	Number of Employment Days:
Period from (DE	D.MM.YYYY):	Period to (DD.MM.YYYY):
Type of Employ	ment:	Number of Employment Days:
Employee Decl	aration	
I confirm that th	ne above information is true. I commi	t to notifying my employer of any changes, especially
regarding addit	ional employment (concerning type, c	duration, and compensation), without delay.
Date:	Signature of Employee:	
Date:	Signature of Employer:	