

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): _____

Alternate Account Holder: _____

Details of children

Number of children: _____ (For each child, 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: _____

(From the 5th child onwards, please complete the list manually.)

Social Security

Health Insurance: _____

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

Tax Information (If no information is provided, tax class 6 will apply from the 3rd month onwards.)

Identification Number: _____ Tax Class/Factor: _____

Child Allowances: _____ Religious Denomination: _____

Employment Information

Date of Entry: _____ as _____

Highest School Qualification: Without School Qualification Basic School Certificate

Secondary School Certificate High School Diploma

Professional Training: Without Professional Training Qualification

Completed Recognized Professional Training

Master/Technician or Equivalent Technical School Qualification

Bachelor Diploma/Magister/Master/State Examination Doctorate

Weekly Working Hours: Full-time Part-time Number of Hours: _____

Hours/Weekday: Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____

Fixed-term Employment

The employment relationship is fixed-term.

The employment relationship is fixed-term for a specific purpose.

Written conclusion of the fixed-term employment contract.

Fixed-term employment is intended for at least 2 months with a prospect of continued employment.

Fixed-term employment contract valid until (DD.MM.YYYY): _____

Conclusion of employment contract on (DD.MM.YYYY): _____

Payment

Salary/Wages: _____

Hourly Wage: _____ Valid From: _____

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: _____