

Personnel Questionnaire for Marginal and Short-Term Employees (Minijob)

Please fill out the following information for each of your marginally employed staff. The information must be signed by both your employee and you as the employer. This will help us to process your payrolls promptly.

Company: _____

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 the passport.)

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

Severely Disabled: yes no Religious Affiliation: _____

Children (Number): _____ (Please attach birth certificate(s).) Child Allowance: _____

Account Number (IBAN): _____

Bank Code (BIC): _____

Alternate Account Holder: _____

Tax ID Number: _____ Tax Class: _____

Social Security

Health Insurance: Public Private

Name of Health Insurance/Private Insurance: _____

Please attach proof and indicate the last public health insurance.

Option for Exemption from Pension Insurance Contributions (§ 5 Para. 2 Sentence 2 SGB VI)

An application for exemption from compulsory pension insurance has been submitted and is available (see appendix, page 3). **If the appendix is not fully signed and returned within 6 weeks, a retroactive correction with pension insurance deduction will occur!**

Pension Insurance Number: _____ Marital Status: _____

Employment Information

Date of Entry: _____ Temporary Until: _____

Main Employment Secondary Employment

Part-Time Job as: _____

Highest Educational 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: _____

Status at the Start of Employment

Employee Pupil University Applicant Employee on Parental Leave

School Leaver Military/Civilian Service Unemployed Self-Employed

Retiree Other: _____

Payment

Title: _____

Amount: _____ Effective From: _____

Hourly Wage: _____ Effective From: _____

I do not have any other employment.

I have the following simultaneous employment: _____

Information on Other Employment

(For short-term employees, also include previous employment from the previous year)

Period: _____ Employer: _____

Type of Activity: Marginally Paid Not Marginally Paid Short-Term Employed

Period: _____ Employer: _____

Type of Activity: Marginally Paid Not Marginally Paid Short-Term Employed

Information on Work Documents

Employment Contract: Already Available is attached

Employee's 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: _____

Compulsory Pension Insurance for Marginally Paid Employment under § 6 Paragraph 1 b Social Code Sixth Book (SGB VI)

Employee

Name: _____ First Name: _____

Pension Insurance Number: _____

I hereby apply for exemption from compulsory pension insurance in the context of my marginally paid employment and thus waive the acquisition of compulsory contribution periods. I have taken note of the information on the „Information Sheet on the Possible Consequences of Exemption from Compulsory Pension Insurance.“

I am aware that the application for exemption applies to all marginally paid employments performed simultaneously by me and is binding for the duration of the employments; a revocation is not possible. I undertake to inform all other employers with whom I hold a marginally paid employment about this application for exemption.

Place, Date: _____

Signature of Employee: _____

(If applicable, Legal Representative's Signature:) _____

Employer

Name: _____ Company Number: _____

The exemption was received by me on: _____

The exemption is effective from: _____

Place, Date: _____

Signature of Employer: _____

Note for the Employer: The exemption application must be included with the payroll documents according to § 8 Paragraph 4 a Contribution Procedure Regulation (BVV) and not sent to the Minijob Center.