

# 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): \_\_\_\_\_

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.