

Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)

Information on the new employee

Personnel number:

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Personal data

Surname, maiden name as applicable	Given name
Street and house number (incl. additional information)	Post code, city
Date of birth	Gender <input type="checkbox"/> male <input type="checkbox"/> female
Insurance number (as per social security card)	Marital status
Place, country of birth – <i>only if without insurance number</i>	Severely disabled <input type="checkbox"/> yes <input type="checkbox"/> no
Nationality	
Bank account number (IBAN)	Sort code/bank ID (BIC)

Employment

Date employment contract begins		
Description of profession		Cost centre
Highest level of education <input type="checkbox"/> No school leaving certificate <input type="checkbox"/> Haupt-/Volksschulabschluss (completion of secondary education) <input type="checkbox"/> School leaving certificate or equivalent <input type="checkbox"/> Abitur/Fachabitur (equivalent of A levels in UK)	Highest level of professional training <input type="checkbox"/> No vocational training <input type="checkbox"/> Officially recognised vocational training <input type="checkbox"/> Master craftsman/technician/equivalent degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Diploma/graduate degree/master's degree/state examination certificate <input type="checkbox"/> PhD	
Weekly/daily working hours <input type="checkbox"/> full time <input type="checkbox"/> part time		

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Taxes - Information as per income tax card

Official Municipality/community key	Tax office number	Identification number
Tax class/factor	Number of exemptions for children	Confession

Social insurance

State insurer	Legislated state insurer evaluation Health insurance Pension insurance Retirement insurance Nursing care insurance	
State insurer number	Accident insurance risk tariff	
Parenthood <input type="checkbox"/> yes <input type="checkbox"/> no		

Declaration by the employee:

I affirm that the above information is correct. I undertake to inform my employer without delay of any changes, in particular with regard to further employment (in respect of type, duration and remuneration).

Date Employee signature

Date Employer signature