Personnel Questionnaire
For workers with mini jobs or short-term employment
(employee is to leave grey fields blank)

Company Name:

Dipl. Kaufmann
Burghard Heilgendorff
Steuerberater

Personnel number

Dieser Personalfragebogen dient zur Vorerfassung von Personaldaten für das DATEV-Lohnabrechnungsprogramm. Zur Wahrung der Aufbewahrungsfrist wird der ausgefüllte Personalfragebogen von dem Arbeitgeber / der lohnabrechnenden Stelle gespeichert.

Personal data

Surname, maiden name as applicable	Given name
Street and house number (incl. additional information)	Post code, city
Date of birth	Gender ☐ Male ☐ Female
Insurance number (as per social security card)	
Place, country of birth – *only if without insurance number*	Severely disabled ☐ Yes ☐ No
Nationality	Employee number, pension fund – construction
Bank account number (IBAN) ☐ Cash payment	Sort code/bank ID (BIC)

Employment

Date employment contract begins	First day	Place of employment
Description of profession		Job performed
Education ☐ Volkschule/Hauptschule (completion of secondary education) ☐ Abitur (equivalent of A levels in UK) ☐ Technical school/university ☐ University degree		Professional training ☐ Yes ☐ No
Holiday entitlement (calendar year)	Weekly/daily working hours	Employed in construction industry since
Cost centre	Department number	Person group

Status at beginning of employment

☐ Employee	☐ School pupil	☐ University applicant
☐ Employee on parental leave	☐ Unqualified	☐ Military/social service
☐ Unemployed	☐ Self-employed	☐ Other:
☐ Civil servant	☐ Student	
☐ Housewife/househusband	☐ Social welfare recipient	

Taxes – Information as per income tax card

Official Municipality/community key	Tax office number		Identification number	
Tax class/factor	Number of exemptions for children	Denomination	2% flat tax	☐ Yes ☐ No

Social insurance

Health insurance ☐ State ☐ Private	Name of state/private insurer
Accident insurance risk tariff	DEÜV-status

For workers with mini jobs only: option for increasing pension insurance payments (§ 5, para. 2, no. 2 Social Security Code (SGB VI))	☐ Refuse pension-insurance option ☐ Exercise pension-insurance option (waive pension-insurance exemption)

Compensation

Description	Amount	Valid from	Hourly wage	Valid from
Description	Amount	Valid from	Hourly wage	Valid from

Capital-forming benefits (VWL) – only required if contract is at hand

Recipient	Amount	Employer share (monthly amount)
	Since	Contract number
Bank account number (IBAN)	Sort code/bank ID (BIC)	

Information on additional employment
(for short-term employees also already terminated jobs from this calendar year)

Time period	**Employer**	**Type of work**	**Weekly hours**
		☐ Mini job ☐ Non-mini job employment ☐ Short-term employment	
		☐ Mini job ☐ Non-mini job employment ☐ Short-term employment	

Electronical acceptance of certificates (Bea)

☐ I object to my income statements (earned and additional) being forwarded electronically to the Bundesagentur für Arbeit (Federal Employment Office).

Employment documents

• Employment contract	☐ At hand	☐ Included
• Income tax card/number of days employed at previous employer(s)	No. of days employed	☐ Included
• Social insurance ID	☐ Presented	☐ Copy included
• Application for exemption from pension insurance	☐ At hand	☐ Included
• Certificate of private health insurance	☐ At hand	☐ Included
• Capital-forming benefits (VWL) contract	☐ At hand	☐ Included
• School/university certificate	☐ At hand	☐ Included
• Severely disabled ID	☐ Presented	☐ Copy included
• Pension fund documents construction/painting	☐ At hand	☐ Included

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**

_____	_____
Date	**For minor signature of legal guardian**