

Personnel Questionnaire

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

COMPANY NAME:

Information on the new employee

Personnel number:

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Personal data

Surname, maiden name as applicable	
Street and house number (incl. additional information)	
Date of birth	
Insurance number (as per social security card)	
Place, country of birth – <i>only if without insurance number</i>	
Nationality	
Bank account number (IBAN)	

Employment

Date employment contract begins	First day	
Description of profession		
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"/>
<input type="checkbox"/> Abitur/Fachabitur (equivalent of A levels in UK)		

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Date apprenticeship begins	Planned date apprenticeship ends
Holiday entitlement (calendar year)	Cost centre
Weekly/daily working hours <input type="checkbox"/> full time <input type="checkbox"/> part time	Department number
Employed in construction industry since	Person group

Terms of employment

<input type="checkbox"/> The term of employment is fixed <input type="checkbox"/> The term of employment is fixed for a purpose	<input type="checkbox"/> Written conclusion of a fixed-term employment contract <input type="checkbox"/> Fixed-term employment is planned for at least two months, with prospects of further employment
Employment contract fixed until	Employment contract concluded on

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

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	DEÜV-status	

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Compensation

Description	Amount	Valid for	Hourly wage	Valid from
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Capital-forming benefits (VWL)

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

Employment documents

Employment contract	<input type="checkbox"/> At hand	Company retirement provision	<input type="checkbox"/> At hand
Income tax card/written confirmation of income tax	<input type="checkbox"/> At hand	Declaration of earning for previous employment	<input type="checkbox"/> At hand
Social insurance ID	<input type="checkbox"/> At hand	For evaluation of insurance exemption regarding health insurance	<input type="checkbox"/> At hand
State insurance membership certificate	<input type="checkbox"/> At hand	Severely disabled ID	<input type="checkbox"/> At hand
Private health insurance certificate	<input type="checkbox"/> At hand	Pension fund documents construction/painting	<input type="checkbox"/> At hand
Capital-forming benefits (VWL) contract	<input type="checkbox"/> At hand		
Proof of parenthood	<input type="checkbox"/> At hand		

Information of taxable previous employment periods in the current calendar year (these are time periods of employment accounted for on the income tax card)

Time period from	Time period to	Type of employment	Number of employment days

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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