

Personnel Questionnaire
with earnings of more than EUR 556 / month

State of January 2025

1. Personal data of the employee

Name: _____

First name: _____ Birth name (required): _____

Date of birth: _____ Gender: ☐ male ☐ female ☐ diverse

Place of birth: _____ Country of birth: _____

Nationality: _____

Street address: _____

Postcode, City: _____

Email address: _____

Different account holder: _____

IBAN: _____

BIC: _____

Does a severe disability apply to you? ☐ yes ☐ no if yes, GdB: _____

(Note: if yes, please submit proof)

2. Information on employment, tax classification and social security.

I am

- ☐ Employee ☐ Pensioner ☐ Trainee ☐ _____
- ☐ Full-time self-employed ☐ Student ☐ Shareholder ☐ Related to the employer
- (Note: Attach a copy of the pension certificate, school/study certificate or education contract)**

Highest level of education:

- ☐ 3 intermediate school qualification/equivalent
- ☐ 4 university entrance qualification for university of applied science
- ☐ 9 qualification unknown

Highest level of professional training:

- ☐ 2 completion of a recognised occupational training
- ☐ 4 Bachelor's degree
- ☐ 5 Diploma/Magister/Master's degree/State exam
- ☐ 9 qualification unknown

This employment is my:

- ☐ primary employment ☐ secondary employment

I have other occupations:

- ☐ yes ☐ no

if yes, weekly working time: _____

monthly remuneration: _____

Tax ID no.: _____

Tax class/factor: _____

(Note: without indication of Tax ID no. the tax category VI must be used for accounting)

Social insurance no.: _____

Health insurance: _____

Different pension insurance institute: _____

(e. g. professional pension fund [Versorgungswerk]; please submit certificate of membership and notification of exemption from compulsory statutory pension insurance)

Employee no. Social Fund SOKA BAU: _____

(please submit a holiday certificate)

Do you have children? ☐ yes ☐ no

(Note: if yes, please submit a proof of parenthood, unless child allowance is granted)

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3. Information on private health insurance:

If privately insured, last statutory health insurance: _____
(Note: Please submit certificate)

The employer's certificate of private health insurance must be submitted in order to obtain the contribution subsidy in accordance with § 257 SGB V and § 61 SGB XI.

Were you already covered by private health insurance as an employee on 31.12.2002? ☐ yes ☐ no

Other special characteristics: _____

4. Employee's statement

The signing employee confirms that the given information is truthful. The employee undertakes to notify the employer without delay of any changes, in particular with regard to further employment (in terms of type, duration and remuneration).

The employee is aware that all data required to process the employment relationship will be stored electronically and processed within the framework of the provisions of data protection law and that employment and ancillary income certificates will be transmitted electronically to the Federal Employment Agency and that the employee may object to this electronic transmission channel.

Place, date

Employee's signature

5. Information of the employer

Entry date: _____

Fixed-term until: _____

Occupational title/job performed: _____

Agreed weekly working hours: _____ hrs. on _____ days/week

Cost center/cost unit: _____

Employer's liability insurance association: _____

Risk category:

☐ exclusively office workers

☐ not exclusively office workers

If vacation statistics ordered separately: Annual vacation _____ Vacation entitlement current year _____

Salary: _____

Hourly wage: _____

Other: _____

Company pension plan: submit documents on company pension plan (e.g. direct insurance, pension fund), if applicable.

For wages in the transitional range from 556.01 to 2,000 EUR

Is the wage consistently within these limits? ☐ yes ☐ no

Place, date

Employer signature