

Personnel questionnaire

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

DR. GEORGI
STEUERBERATUNGSGESELLSCHAFT MBH
WIRTSCHAFTSPRÜFUNGSGESELLSCHAFT

Company:

Employee name

Personnel number

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)	
Place, country of birth – <i>only if without insurance number</i>	Severely disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality	Employee number, pension fund – construction
Bank account number (IBAN) <input type="checkbox"/> Cash payment	Sort code/bank ID (BIC)

Employment

Date employment contract begins	First day	Place of employment
Description of profession		Job performed
Education <input type="checkbox"/> Volksschule/Hauptschule (completion of secondary education) <input type="checkbox"/> Abitur (equivalent of A levels in UK) <input type="checkbox"/> Technical school/university <input type="checkbox"/> University degree	Professional training <input type="checkbox"/> Yes <input type="checkbox"/> 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

<input type="checkbox"/> Employee	<input type="checkbox"/> School pupil	<input type="checkbox"/> University applicant
<input type="checkbox"/> Employee on parental leave	<input type="checkbox"/> Unqualified	<input type="checkbox"/> Military/social service
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Other:
<input type="checkbox"/> Civil servant	<input type="checkbox"/> Student	
<input type="checkbox"/> Housewife/househusband	<input type="checkbox"/> 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	Confession
		2% flat tax <input type="checkbox"/> Yes <input type="checkbox"/> No

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Social insurance

Health insurance	<input type="checkbox"/> State	<input type="checkbox"/> 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))				
		<input type="checkbox"/> Refuse pension-insurance option		
		<input type="checkbox"/> Exercise pension-insurance option (waive pension-insurance exemption)		

Compensation

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 on previous jobs from the year before)

Time period	Employer	Type of work	Weekly hours
		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> Short-term employment	
		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> 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	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Income tax card/number of days employed at previous employer(s)	No. of days employed	<input type="checkbox"/> Included
• Social insurance ID	<input type="checkbox"/> Presented	<input type="checkbox"/> Copy included
• Application for exemption from pension insurance	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Certificate of private health insurance	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Capital-forming benefits (VWL) contract	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• School/university certificate	<input type="checkbox"/> At hand	<input type="checkbox"/> Included
• Severely disabled ID	<input type="checkbox"/> Presented	<input type="checkbox"/> Copy included
• Pension fund documents construction/painting	<input type="checkbox"/> At hand	<input type="checkbox"/> Included

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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		