

Personal Questionnaire

(gray fields are to be filled out by the employer)

Company:

Employee Name

Employee Number

Personal Information

Last Name Maiden Name (if applicable)	First Name
Street and House Number incl. additional Address Details	Postal Code, City
Date of Birth	Gender <input type="checkbox"/> male <input type="checkbox"/> female
Insurance Number (as per Social Security Card)	Marital Status
Place of Birth, Country	Severely disabled <input type="checkbox"/> yes <input type="checkbox"/> no
Nationality	Employee Number Social Fund - Construction
Account Number (IBAN)	Bank Code / Bank Name (BIC)

Employment

Date of Employment	Initial Date of Employment	Workplace
Job Title	Performed Task	
<input type="checkbox"/> Primary Employment <input type="checkbox"/> Secondary Employment	Probation Period: <input type="checkbox"/> yes <input type="checkbox"/> no Duration of Probation Period: _____	
Do you have any additional employment?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Is this employment on a Minijob Basis?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Highest School Qualification <input type="checkbox"/> No School Qualification <input type="checkbox"/> Basic School Leaving Certificate <input type="checkbox"/> Intermediate Certificate or Equivalent <input type="checkbox"/> High School Diploma / University Entrance Qualification	Highest Professional Qualification <input type="checkbox"/> No Vocational Qualification <input type="checkbox"/> Recognized Vocational Training <input type="checkbox"/> Master/Technician/Equivalent Technical School Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> Diploma/Magister/Master/State Examination <input type="checkbox"/> Doctorate	
Start of Training (Ausbildung):	Expected End of Training:	Employed in the Construction Industry since
Weekly Working Hours: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If applicable, distribution of weekly work. Hours: Mon. Tue. Wed. Thur. Fri. Sat.	Vacation Entitlement (Calendar Year)
Cost Center	Department Number	Employee Group

Fixed-term Employment

<input type="checkbox"/> The Employment Relationship is Limited / <input type="checkbox"/> Purpose Limited	Fixed-term Employment Contract Until::
<input type="checkbox"/> Written Conclusion of the Fixed-term Employment Contract	Employment Contract Concluded on:
<input type="checkbox"/> Fixed-term Employment is Intended for at least 2 Months with a Prospect of Continued Employment	

Acceptance of Electronic Certificates (Bea)

<input checked="" type="checkbox"/> I oppose the electronic transmission of employment and secondary income certificates to the Federal Employment Agency

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Company:

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Tax

Identification Number	Tax Office Number	Tax Class / Factor	Child Allowances	Religious Denomination
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Social Security

Statutory Health Insurance (for private Insurance: last statutory health insurance)			Parent Status <input type="checkbox"/> yes <input type="checkbox"/> no	
Health Insurance (KV)	Pension Insurance (RV)	Unemployment Insurance (AV)	Nursing Care Insurance (PV)	Accident Insurance - Risk Rate (UV)

Remuneration

Designation	Amount	Valid From	Hourly Wage	Valid From
Designation	Amount	Valid From	Hourly Wage	Valid From
Designation	Amount	Valid From	Hourly Wage	Valid From

VWL / Capital-Forming Benefits- only necessary if **Contract** exists

Recipient of Capital-Forming Benefits	Amount	Employer Contribution (Monthly Amount)
	Effective Date	Contract Number
Account Number (IBAN)	Bank Code / Bank Name (BIC)	

Information on Employment Documents

Employment Contract	<input type="checkbox"/> Available
Certification of Income Tax Deduction	<input type="checkbox"/> Available
Social Security Card	<input type="checkbox"/> Available
Membership Certificate Health Insurance	<input type="checkbox"/> Available
Private Health Certificate Insurance	<input type="checkbox"/> Available
Capital-Forming Benefits Contract	<input type="checkbox"/> Available
Proof of Parent Status	<input type="checkbox"/> Available
Contract for Company Pension Scheme	<input type="checkbox"/> Available
Severely Disabled ID Card	<input type="checkbox"/> Available
Documents for Social Fund Construction/Painter	<input type="checkbox"/> Available

Information on Taxable Previous Employment Periods in the Current Calendar Year

Period From	Period to	Type of Employment	Number of Days of Employment

Employee's Declaration:

I certify that the above information is true. I commit to informing my employer immediately of any changes, particularly regarding additional employment (in terms of type, duration, and remuneration).

Date

Signature of Employee

Date

Signature of Employer