Personal Questionnaire for employees from 603,01€ and apprentices + "Gleitzone"

(Please fill in pages 1 - 5 electronically, if possible!)

Employer:	Personal number:
Place of work:	Cost Center:
GENERAL INFORMATION	
Name:	Birth name:
First name:	
Street:	
Postcode, City:	
Date of birth:	Place of birth:
Nationality:	Country of birth:
Marital status: ☐ unmarried ☐ married ☐ living permanently separated	
Gender: male ☐ female ☐ diverse ☐ indeterminate ☐	
Phone number:	Mobile phone:
E-Mail-Address:	
Work permit (by foreign employees) at hand:	yes ☐ no ☐
Tax class/factor: Confession:	Child allowance:
Identification number:	
Name of bank:	
IBAN:	
BIC:	
Type of activity:	
Start date:	Leaving date:

Personal Questionnaire for employees from 603,01€ and apprentices + "Gleitzone"

(Please fill in pages 1 - 5 electronically, if possible!)

Severe disability

Severe disability: yes ☐ no ☐

Degree of disability: _____%

(Please provide a copy of severe disability certificate)

INFORMATION ON SOCIAL INSURANCE

Health insurance: please tick the box!

- ☐ Voluntary insurance
- ☐ Private insurance
- ☐ Statutory insurance
- ☐ Self-payer
- ☐ Firm as payer

(Please provide your membership certificate)

Name and address of health insurance:

Social security number:

Social security card at hand: yes ☐ no ☐

Professional pension scheme/ Berufsständiges Versorgungswerk:

BV-Membership number:
(Please provide your membership certificate)

Education:

- ☐ no school degree
- ☐ Volks-/Hauptschule
- ☐ mittlere Reife or similar certificate
- ☐ Abitur/Fachabitur
- ☐ Other (please precise) _____

Professional training:

- ☐ No professional training completed
- ☐ Recognized professional training completed
- ☐ Master, technician or similar technical degree
- ☐ Bachelor
- ☐ Diploma/Magister/Master/Staatsexamen Doctorate
- ☐ Other (please precise)

Personal Questionnaire for employees from 603,01€
and apprentices + "Gleitzone"
(Please fill in pages 1 - 5 electronically, if possible!)

Relationship to employer

- ☐ Spouse/partner
- ☐ Offspring (Son/Daughter)
- ☐ Employee is no Spouse/partner or offspring

PROOF OF PARENTHOOD

I have children

YES ☐

With the following documents I am providing the proof of my parenthood for this/these child/children:

Name of child: _____

Name of further children: _____

_____

NO ☐

The proof is provided with the following documents (copies do suffice):

- ☐ Birth certificate
- ☐ Certificate of descent
- ☐ Certified copy of the birth register from the registry office
- ☐ Excerpt from family record book
- ☐ Fiscal life certificate of residents' registration office
- ☐ Confirmation on foster-child relationship by competent authority
- ☐ Adoption certificate
- ☐ Marriage certificate with proof of spouse's child
- ☐ Child allowance notice
- ☐ Child-raising allowance notice
- ☐ Other proof: _____

Personal Questionnaire for employees from 603,01€ and apprentices + "Gleitzone"

(Please fill in pages 1 - 5 electronically, if possible!)

SALARY INFORMATION

Monthly salary: Hourly wage:

Holiday pay: Christmas bonus:

Employment of limited duration?

yes ☐ no ☐

If yes, until _____

Weekly working hours: Distribution of weekly working hours:

_____hours.

Mo Hrs.:	Tue Hrs.:	Wed. Hrs.:	Thu Hrs.:	Fr Hrs.:	Sa Hrs.:

Is there also a minijob employment relationship in addition to the main employment? yes ☐ no ☐

Do you have a contract for capital-forming benefits?

yes ☐ no ☐

(please provide a copy of contract)

Is there a contract for occupational pension provision?

yes ☐ no ☐

(please provide a copy of contract)

VKJP STEUERBERATER

Personal Questionnaire for employees from 603,01€ and apprentices + "Gleitzone"

(Please fill in pages 1 - 5 electronically, if possible!)

CERTIFICATES (please attach and tick)
☐ Working contract (copy):
☐ Certificate of income tax deduction (original):
☐ Certificate of studies (copy/original):
☐ Contract capital-forming benefits/Direct insurance/Pension fund (copy):
☐ Membership certificate of health insurance (copy/original):
☐ Certificate of private health insurance (copy/original):
☐ Proof of parenthood (e. g. copy of birth certificate):
☐ Social security card (copy):
☐ Severe disability certificate (copy):
☐ Documents social fund construction/painters:
☐ Work permit (copy):
☐ Other:

Declaration of employee:

With my signature, I certify that the above information is true and correct. I undertake to inform my employer of any changes, in particular the commencement of further employment, without being asked to do so and without delay.

Date:_____ Signature employee: _____