

# Personnel questionnaire

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

Company:

Employee name

Personnel number

Dieser Personalfragebogen dient zur Vorerfassung von Personaldaten für das DATEV-Lohnabrechnungsprogramm. Zur Wahrung der Aufbewahrungsfrist wird der ausgefüllte Personalfragebogen von dem Arbeitgeber / der lohnabrechnenden Stelle gespeichert.

## 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)<br><input type="checkbox"/> Abitur (equivalent of A levels in UK)<br><input type="checkbox"/> Technical school/university<br><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 |  |

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### 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### Social insurance

|   |                               |
|---|-------------------------------|
| Health insurance<br><input type="checkbox"/> State <input type="checkbox"/> Private   | Name of state/private insurer |
| Accident insurance risk tariff  | DEÜV-status                   |
| <b>For workers with mini jobs only:</b><br>option for increasing pension insurance payments (§ 5, para. 2, no. 2 Social Security Code (SGB VI))<br><input type="checkbox"/> Refuse pension-insurance option<br><input type="checkbox"/> Exercise pension-insurance option (waive pension-insurance exemption) |                               |

### Compensation

|             |        |            |             |            |
|-------------|--------|------------|-------------|------------|
| Description | Amount | Valid from | Hourly wage | Valid from |
| 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<br><input type="checkbox"/> Non-mini job employment<br><input type="checkbox"/> Short-term employment |              |
|             |          | <input type="checkbox"/> Mini job<br><input type="checkbox"/> Non-mini job employment<br><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).

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### 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      |

### 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