

# 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 <input type="checkbox"/> diverse <input type="checkbox"/> undetermined
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)	

## Employment

Entry date	First day	Place of employment
Description of profession		Job performed
Highest level of education	Highest level of professional training	
<input type="checkbox"/> Volkshule/Hauptschule (completion of secondary education) <input type="checkbox"/> No school leaving certificate <input type="checkbox"/> Abitur /Fachabitur (equivalent of A levels in UK) <input type="checkbox"/> School leaving certificate or equivalent <input type="checkbox"/> unknown	<input type="checkbox"/> no vocational training <input type="checkbox"/> Officially recognised <input type="checkbox"/> vocational training <input type="checkbox"/> Master craftsman/technician/similar degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Diploma/graduate degree/Master's degree/state examination certificate <input type="checkbox"/> PhD <input type="checkbox"/> Unknown	
Holiday entitlement (calendar year)	Weekly working hours	Employed in construction industry since
Cost centre	Department number	Person group

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If applicable, distribution of weekly working hours	Monday	Tuesday
Wednesday	Thursday	Friday
Saturday	Sunday	

## 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	

## Temporary employment

Type of fixed-term contract	<input type="checkbox"/> Written conclusion of a fixed-term employment contract  <input type="checkbox"/> Fixed term employment is planned for at least two months, with prospects of further employment	Employment contract fixed until:
<input type="checkbox"/> Fixed term <input type="checkbox"/> Permanent <input type="checkbox"/> Fixed-term ending on completion of assignment		Employment contract concluded on:

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## Taxes – Information as per income tax card

Identification number	Blanket allowance <input type="checkbox"/> 2,00 % <input type="checkbox"/> 20,00 %	Identification number
Tax class/factor	Number of exemptions for children	Denomination
		Burden shifted to employee <input type="checkbox"/> Yes <input type="checkbox"/> No

## Social insurance

Health insurance <input type="checkbox"/> State <input type="checkbox"/> Private	Name of state/private insurer
Accident insurance risk tariff	DEÜV-status <input type="checkbox"/> 0 - no specification <input type="checkbox"/> 1 - spouse / cohabitant / descendant <input type="checkbox"/> 2 - managing partner ( GmbH)
<b>For workers with mini jobs only:</b> Employees option for the exemption from the accumulation of pension insurance ( acc. to § 6 sec. 1 b German Social Code VI) <input type="checkbox"/> Insurance exemption in the statutory pension insurance	

## Remuneration

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)	

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**Do you exercise an additional employment?**  yes  no

### Information on additional employment

(for short-term employees also already terminated jobs from this calendar year)

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).

### 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