**Personnel Questionnaire**

*Employer Name:*

*Employer Address:*

Personnel Number:

**(to be filled out by HR Department)**

1. **Personal Information**

|  |  |
| --- | --- |
| Surname |  |
| Name |  |
| Maiden Name |  |
| Date of Birth |  |
| City of Birth |  |
| Nationality |  |
| Street of Residence and Street Number |  |
| Postal Code/City |  |
| Professional Title |  |
| Job Title |  |
| Family Status |  |
| Phone Number |  |
| E-Mail Address |  |
| Tax ID Number |  |

**Bank Details**

|  |  |
| --- | --- |
| Bank Name |  |
| IBAN |  |
| BIC |  |

1. **Information regarding Children**

Do you have children for which child benefit („Kindergeld“) is paid pursuant to the Income Tax Act?

Yes If yes, number of children:

No

1. **Information regarding other Employment**

In the calendar year no further employment was performed.

In the calendar year of the following jobs were carried out:

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Weekly Work Hours: | Monthly Earned Income |
|  |  |  |  |
|  |  |  |  |

1. **Information regarding Social Security**

I am:

without insurance

privately insured. Name of Insurance:

compulsorily insured („pflichtversichert“). Name of Insurance:

insured via family insurance („familienversichert“). Name of insured principal:

Social Security Number:

**I certify the completeness and correctness of my information to the best of my knowledge.**

**I am aware that I am obliged to immediately report any change that occurs regarding the information in this personnel questionnaire.**

Place, Date Signature