

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	

2. 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

3. 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

4. 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