(fields with a grey background are to be filled in by the employer)



COMPANY NAME:

Infor	Information on the new employee		nployee r	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.						
	nal data	To:on n				
Surname, maiden name as applicable		Given n	Given name			
Street and house number (incl. additional information)		) Post co	Post code, city			
Date of birth		Gender	Gender			
Insuran	nce number (as per social security card)					
Place, country of birth		Severel	Severely disabled yes no			
Nationa	lity	Employ	Employee number, pension fund - construction			
Bank ad	ccount number (IBAN)	Sort cod	Sort code/bank ID (BIC)			
	pyment					
Date employment contract begins First day		Place of	Place of employment			
Description of profession		Job per	Job performed			
	Main employment / full time occupation	Probatio	on:	Yes	No	
	Secondary empooyment	Duratio	n of probat	tion:		
Do you	have a second place of employment?		Yes	☐ No	)	
Is this a so-called minor (geringfügig) employment with EUR per annum?		th a maxim	num month ] Yes	nly income o		
Highest	level of education		Highest le	evel of prof	essional training	
	No school leaving certificate		No vocati	onal trainir	g	
	Haupt-/Volksschulabschluss (completion of secondary education)				vocational training	
	School leaving certificate or equivalent		Master cra	aftsman/te	chnican/equivalent degree	
	Abitur/Fachabitur (equivalent of A levels in		Bachelor's	s degree		
	UK)			_	egree/master's nation certificate	
			PhD			

Version dated: 01/2024

(fields with a grey background are to be filled in by the employer)



COMPANY NAME:

Information on the new	ber:					
Start of training / apprenticeship:	Expected end of training / apprenticeship:		Employed in construction since:			
Weekly work time:  Full time Part Time	Where appropriate: Distribution of weekly work hours (hourly):  Mo Tu Wed Thu Fr Sa Su		Holiday entitlement (calender year):			
Cost Center:	DeptNumber:		Perso	on group key:		
Form of contract:	1 – Unlimited Full-Time  2 – Unlimited Part-Time			<ul><li>Limited Full-Time</li><li>Limited Part-Time</li></ul>		
Limitation						
☐ The work contract is limited / ☐ Functionally limited / ☐ Unlimited		Limitation of employment contract until:				
Written conclusion of the limited contract		Date of employment contract conclusion:				
Limited employment is intended for at least 2 months, with the prospect of continued employment						
Taxes - Information as per income tax card						
Tax identification number:		Tax class/factor:				
Tax deduction for children (Kinderfreibeträge):		Religious denomination				

Version dated: 01/2024

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COMPANY NAME:

Description

Description

Amount

Amount

Valid for

Valid for

Information on the new employee		Employee nu	umber:				
Social insurance							
National health insurance (if you are insured with a private health insurance: last national health insurance):							
KV - national health insurance		RV - pension insurance					
AV - unemployment insurance		PV - long-term care insurance					
Accident insurance risk tariff		DEUEV-status					
Children for whom parenthood can be proven:							
Surname	Given name		Date of birth (DD.MM.YYYY)				
Surname	Given name		Date of birth (DD.MM.YYYY)				
Surname	Given name		Date of birth (DD.MM.YYYY)				
Surname	Given name		Date of birth (DD.MM.YYYY)				
Surname	Given name		Date of birth (DD.MM.YYYY)				
Compensation							
Description Amount	Valid for	Hourly wage	Valid from				

Version dated: 01/2024

Hourly wage

Hourly wage

Valid from

Valid from

(fields with a grey background are to be filled in by the employer)



COMPANY NAME:

Information on the new employee			Employ	ee number:		
Capital-formi	ng benefits (V	WL)				
Recipient			Amount		Employer share (monthly amount)	
			Since		Contract number	
Bank account num	oer (IBAN)		Sort code/ban	ık ID (BIC)		
					urrent calendar	
Time period from	Time period to	Type of employment			Number of employment days	
	bove information				loyer without delay of ype, duration and	
Date Em	ployee signature		Date	Employer	signature	
	minor signature o	of legal				

Version dated: 01/2024