| Information on the new employee | Personnel number: |  |
| --- | --- | --- |
| **Personal data** |  |  |
| Surname, maiden name as applicable | Given name |
| Street and house number (incl. additional information) | Post code, city |
| Date of birth | Gender 🞎 male 🞎 female |
| Insurance number (as per social security card) |  |
| Place, country of birth – *only if without insurance number* | Severely disabled 🞎 yes 🞎 no |
| Nationality | Employee number, pension fund - construction  |
| Bank account number (IBAN) | Sort code/bank ID (BIC) |
| **Employment** |  |  |
| Date employment contract begins  | First day | Place of employment |
| Description of profession | Job performed |
| Highest level of education* No school leaving certificate
* Haupt-/Volksschulabschluss (completion of secondary education)
* School leaving certificate or equivalent
* Abitur/Fachabitur (equivalent of A levels in UK)
 | Highest level of professional training* No vocational training
* Officially recognised vocational training
* Master craftsman/technican/equivalent degree
* Bachelor’s degree
* Diploma/graduate degree/master’s degree/state examination certificate
* PhD
 |
| Date apprenticeship begins | Planned date apprenticeship ends |
| Holiday entitlement (calender year) | Cost centre |
| Weekly/daily working hours 🞎 full time 🞎 part time | Department number |
| Employed in construction industry since | Person group |
|  |
| **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). |
| **Terms of employment** |  |  |
| * The term of employment is fixed
* The term of employment is fixed for a purpose
 | * Written conclusion of a fixed-term employment contract
* Fixed-term employment is planned for at least two months, with prospects of further employment
 |
| Employment contract fixed until | Employment contract concluded on |
| **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 |
| **Social insurance**  |
| State insurer | Legislated state insurer evaluationHealth insurance | Pension insurance | Retirement insurance | Nursing care insurance |
| State insurer number | Accident insurance risk tariff |
| Parenthood 🞎 yes 🞎 no | DEÜV-status |
| **Compensation** |  |  |
| Description Amount Valid for | Hourly wage Valid from |
| Description Amount Valid for | Hourly wage Valid from |
| Description Amount Valid for | Hourly wage Valid from |
|  |  |
| **Capital-forming benefits (VWL)** |  |
| Recipient | Amount | Employer share (monthly amount) |
| Since | Contract number |
| Bank account number (IBAN) | Sort code/bank ID (BIC) |
| Employment documents |  |  |
| Employment contractIncome tax card/written confirmation of income taxSocial insurance IDState insurance membership certificatePrivate health insurancecertificateCapital-forming benefits(VWL) contractProof of parenthood | * At hand
* At hand
* At hand
* At hand
* At hand
* At hand
* At hand
 | Company retirement provision contractDeclaration of earning for previous employmentFor evaluation of insurance exemption regarding health insuranceSeverely disabled IDPension fund documents construction/painting | * At hand
* At hand
* At hand
* At hand
* At hand
 |

|  |
| --- |
| **Information of taxable previous employment periods in the current calendar year** (these are time periods of employment accounted for on the income tax card)  |
| Time period from | Time period to | Type of employment | Number of employment days  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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 |   |  |