

Personnel Questionnaire

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

COMPANY NAME:



STEUERTEAM GMBH
LANDSBERG | MÜNCHEN

Information on the new employee

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"/> diverse <input type="checkbox"/> female <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) | Sort code/bank ID (BIC) |

Employment

| | | |
|---|-----------|---|
| Date employment contract begins | First day | Place of employment |
| Description of profession | | Job performed |
| Highest level of education <input type="checkbox"/> No school leaving certificate <input type="checkbox"/> Haupt-/Volksschulabschluss (completion of secondary education) <input type="checkbox"/> School leaving certificate or equivalent <input type="checkbox"/> Abitur/Fachabitur (equivalent of A levels in UK) | | Highest level of professional training <input type="checkbox"/> No vocational training <input type="checkbox"/> Officially recognised vocational training <input type="checkbox"/> Master craftsman/technician/equivalent degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Diploma/graduate degree/master's degree/state examination certificate <input type="checkbox"/> PhD |

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| | |
|--|----------------------------------|
| Date apprenticeship begins | Planned date apprenticeship ends |
| Holiday entitlement (calendar year) | Cost centre |
| Weekly/daily working hours <input type="checkbox"/> full time <input type="checkbox"/> part time | Department number |
| Employed in construction industry since | Person group |

Terms of employment

| | |
|--|---|
| <input type="checkbox"/> The term of employment is fixed | <input type="checkbox"/> Written conclusion of a fixed-term employment contract |
| <input type="checkbox"/> The term of employment is fixed for a purpose | <input type="checkbox"/> 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 | Denomination |

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Social insurance

| | | |
|--|---|----------------------------|
| State insurer | Legislated state insurer evaluation Health insurance Pension insurance Retirement insurance Nursing care insurance | |
| State insurer number | Accident insurance risk tariff | |
| DEÜV-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 |
| Description | Amount | Valid for | Hourly wage | Valid from |
| Description | Amount | Valid for | Hourly wage | Valid from |

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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 contract | <input type="checkbox"/> At hand | Company retirement provision | <input type="checkbox"/> At hand |
| Income tax card/written confirmation of income tax | <input type="checkbox"/> At hand | Declaration of earning for previous employment | <input type="checkbox"/> At hand |
| Social insurance ID | <input type="checkbox"/> At hand | For evaluation of insurance exemption regarding health insurance | <input type="checkbox"/> At hand |
| State insurance membership certificate | <input type="checkbox"/> At hand | Severely disabled ID | <input type="checkbox"/> At hand |
| Private health insurance certificate | <input type="checkbox"/> At hand | Pension fund documents construction/painting | <input type="checkbox"/> At hand |
| Capital-forming benefits (VWL) contract | <input type="checkbox"/> At hand | | |
| Proof of parenthood | <input type="checkbox"/> 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