

# Personnel questionnaire for workers with mini jobs or short-term employment

(employees are to leave the grey fields blank)  
Company:



Employee Name

Personnell number

## 1. Personal data

Surname (maiden name as applicable)	First name
Maiden name as applicable	Date of birth
Place of birth (city)	Place of birth (country)
Nationality	Disability <input type="checkbox"/> yes <input type="checkbox"/> no
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> diverse
Street and house number (incl. additional information)	Post code, city
Insurance number (as per social security card)	SOKA-BAU employee number (if applicable)

## 2. Bank details

Bank account number (IBAN)	Sort code/bank ID (BIC)	<input type="checkbox"/> cash payment
Deviant bank account holder (if the bank account holder is a different person than the employee)		

## 3. Employment

Entry date	
First entry date into the company	Job performed
branch	Description of profession
cost center	Employed in the construction industry since

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ROLAND FROMMLET JUN.  
STEUERBERATER

Employee Name

Personnell number

## 4. School and vocational training

Highest school degree <input type="checkbox"/> No qualification <input type="checkbox"/> Mittel-/Volksschule (Completion of lower-secondary education) <input type="checkbox"/> Mittlere Reife (Completion of higher-secondary education) <input type="checkbox"/> Abitur/Fachabitur (Equivalent of A levels in UK )	Highest vocational training Berufsausbildung <input type="checkbox"/> Unqualified <input type="checkbox"/> recognized training <input type="checkbox"/> Master/Technician <input type="checkbox"/> Bachelors degree <input type="checkbox"/> Diploma / Masters degree / State examination <input type="checkbox"/> Doctorate
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## 5. Working hours and vacation

Weekly working hours	hours	Holiday entitlement (calendar year)						days
<input type="checkbox"/> full-time <input type="checkbox"/> part-time								
Distribution of hours (Mo-So)		Mo	Tue	Wed	Thu	Fri	Sat	Sun

## 6. Status at the beginning of employment

<input type="checkbox"/> Employee	<input type="checkbox"/> University applicant
<input type="checkbox"/> Civil servant	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Unqualified	<input type="checkbox"/> School pupil
<input type="checkbox"/> Unemployment benefit/social assistance recipient	<input type="checkbox"/> Student
<input type="checkbox"/> Parental leave	<input type="checkbox"/> Military/social service
<input type="checkbox"/> House wive / house man	<input type="checkbox"/> Other:
<input type="checkbox"/> Self-employed	

## 7. Tax information as per income tax card

Identification number	Tax class/factor
Number of exemptions for children	Denomination
Flat tax	<input type="checkbox"/> 2% <input type="checkbox"/> 20%
Passing it onto the employee	<input type="checkbox"/> yes <input type="checkbox"/> np

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## 8. Social insurance

Health insurance <input type="checkbox"/> State <input type="checkbox"/> Private	Name of state/private insurer:
Accident insurance risk tariff	Option for increasing pension insurance payments <input type="checkbox"/> Refuse pension-insurance option <input type="checkbox"/> Exercise pension-insurance option (waive pension-insurance exemption)

## 9. Compensation

Description	Amount (€)	Hourly wage	Valid from

## 10. Capital-forming benefits (VWL)

Recipient	Amount (€)
Since	Contract Number
IBAN	BIC
Employer share (monthly amount €)	

## 11. Information on additional employment

Do you have any other occupations? <input type="checkbox"/> yes <input type="checkbox"/> no			
Time period (from – till)	employer	Type of work	Weekly work hours
From:		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> Short-term employment	
Till:			
From:		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> Short-term employment	
Till:			

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**Is the legal income border adhered to, if all monthly income is added up?** (Note for employer: verify social security evaluation)  
 yes  no

## 12. Info on employment documents

	included (☑)
Employment contract	<input type="checkbox"/>
Income tax card/number of days employed at previous employer(s)	<input type="checkbox"/>
Social insurance ID	<input type="checkbox"/>
Application for exemption from pension insurance	<input type="checkbox"/>
Certificate of private health insurance	<input type="checkbox"/>
Capital-forming benefits (VWL) contract	<input type="checkbox"/>
School/university certificate	<input type="checkbox"/>
Severely disabled ID	<input type="checkbox"/>
Pension fund documents construction/painting	<input type="checkbox"/>

## 13. Declaration by the employee & signature

**Declaration of the employee:** I confirm 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
<input style="background-color: #cccccc;" type="text"/>	<input style="background-color: #cccccc;" type="text"/>

For a minor - signature of legal guardian:

Date	Legal guardian signature
<input style="background-color: #cccccc;" type="text"/>	<input style="background-color: #cccccc;" type="text"/>

Employer Signature:

Date	Employer signature
<input style="background-color: #cccccc;" type="text"/>	<input style="background-color: #cccccc;" type="text"/>

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