

**FOR WORKERS WITH MINI JOBS OR  
SHORT-TERM EMPLOYMENT**  
(employee is to leave grey fields blank)

Company \_\_\_\_\_

**EMPLOYEE NAME**

**PERSONNEL NUMBER**

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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.

**PERSÖNLICHE ANGABEN**

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)	Cash payment	Sort code/bank ID (BIC)	

**EMPLOYMENT**

Date employment contract begins	First day	Place of employment
Description of profession		Job performed
Education Volkshule/Hauptschule (completion of secondary education) Abitur (equivalent of A levels in UK) Technical school/university University degree		Professional training Yes No
Holiday entitlement (calendar year)	Weekly/daily working hours	Employed in construction industry since
Cost centre	Department number	Person group

**STATUS AT BEGINNING OF EMPLOYMENT**

- |                            |                        |                          |        |
|----------------------------|------------------------|--------------------------|--------|
| Employee                   | Housewife/househusband | Student                  | Other: |
| Employee on parental leave | School pupil           | Social welfare recipient |        |
| Unemployed                 | Unqualified            | University applicant     |        |
| Civil servant              | Self-employed          | Military/social service  |        |

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**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	2% flat tax Yes No	

**SOCIAL INSURANCE**

Health insurance State Private	Name of state/private insurer
Accident insurance risk tariff	DEÜV-status

For workers with mini jobs only:  
option for increasing pension insurance payments  
(§ 5, para. 2, no. 2 Social Security Code (SGB VI))

Refuse pension-insurance option  
Exercise pension-insurance option (waive pension-insurance exemption)

**COMPENSATION**

Description	Amount	Valid from	Hourly wage	Valid from
Description	Amount	Valid from	Hourly wage	Valid from

**CAPITAL-FORMING BENEFITS (VWL) – ONLY REQUIRED IF CONTRACT IS AT HAND**

Recipient	Amount	Employer share (monthly amount)
	Since	Contract number
Bank account number (IBAN)	Sort code/bank ID (BIC)	

**INFORMATION ON ADDITIONAL EMPLOYMENT**

(for short-term employees also already terminated jobs from this calendar year)

Time period	Employer	Type of work	Weekly hours
		Mini job Non-mini job employment Short-term employment	
		Mini job Non-mini job employment Short-term employment	

**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).

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EMPLOYMENT DOCUMENTS

Employment contract	At hand	Included
Income tax card/number of days employed at previous employer(s)	No. of days employed	Included
Social insurance ID	Presented	Copy included
Application for exemption from pension insurance	At hand	Included
Certificate of private health insurance	At hand	Included
Capital-forming benefits (VWL) contract	At hand	Included
School/university certificate	At hand	Included
Severely disabled ID	Presented	Copy included
Pension fund documents construction/painting	At hand	Included

**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                      For minor signature of legal guardian

\_\_\_\_\_  
Date                      Employer signature