Personnel Questionnaire

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

COMPANY NAME:

Lkm GmbH
Rechtsanwälte & Steuerberater
law • tax • advice • solution

Information on the new employee

Employee 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 ☐ male ☐ diverse ☐ female ☐ undetermined
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
☐ Main employment / full time occupation ☐ Secondary empooyment		Probation: ☐ Yes ☐ No Duration of probation:
Do you have a second place of employment? ☐ Yes ☐ No		
Is this a so-called minor (geringfügig) employment with a maximum monthly income of 520,00 EUR / 6.240,00 EUR per annum? ☐ Yes ☐ No		
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

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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:	Dept.-Number:	Person group key:
Form of contract:	☐ 1 – Unlimited Full-Time ☐ 2 – Unlimited Part-Time	☐ 1 – Limited Full-Time ☐ 2 – Limited Part-Time

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

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Information on the new employee

Employee number:

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
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)	

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

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