

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

(employees are to leave the grey fields blank)

Company:



DR. BURSCHBEI
& PARTNER PartG

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 ☐ yes ☐ no
Gender	☐ male ☐ female ☐ non-binary ☐ 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)	☐ 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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4. School and vocational training

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

Weekly working hours	hours	Holiday entitlement (calendar year)	days				
☐ full-time ☐ part-time							
Distribution of hours (Mo-So)	Mo	Tue	Wed	Thu	Fri	Sat	Sun

6. Status at the beginning of employment

☐ Employee	☐ University applicant
☐ Civil servant	☐ Unemployed
☐ Unqualified	☐ School pupil
☐ Unemployment benefit/social assistance recipient	☐ Student
☐ Parental leave	☐ Military/social service
☐ House wive / house man	☐ Other:
☐ Self-employed	

7. Tax information as per income tax card

Identification number	Tax class/factor
Number of exemptions for children	Denomination
Flat tax	☐ 2% ☐ 20%
Passing it onto the employee	☐ yes ☐ np

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8. Social insurance

Health insurance ☐ State ☐ Private	Name of state/private insurer:
Accident insurance risk tariff	Option for increasing pension insurance payments ☐ Refuse pension-insurance option ☐ 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? ☐ yes ☐ no			
Time period (from – till)	employer	Type of work	Weekly work hours
From:		☐ Mini job	
Till:		☐ Non-mini job employment	
		☐ Short-term employment	
From:		☐ Mini job	
Till:		☐ Non-mini job employment	
		☐ Short-term employment	

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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	☐
Income tax card/number of days employed at previous employer(s)	☐
Social insurance ID	☐
Application for exemption from pension insurance	☐
Certificate of private health insurance	☐
Capital-forming benefits (VWL) contract	☐
School/university certificate	☐
Severely disabled ID	☐
Pension fund documents construction/painting	☐

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

For a minor - signature of legal guardian:

Date	Legal guardian signature

Employer Signature:

Date	Employer signature

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