



# Personnel questionnaire

**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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### 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	2% flat tax <input type="checkbox"/> Yes <input type="checkbox"/> No

### Social insurance

Health insurance <input type="checkbox"/> State <input type="checkbox"/> Private	Name of state/private insurer
Accident insurance risk tariff	DEÜV-status
<b>For workers with mini jobs only:</b> option for increasing pension insurance payments (§ 5, para. 2, no. 2 Social Security Code (SGB VI)) <input type="checkbox"/> Refuse pension-insurance option <input type="checkbox"/> Exercise pension-insurance option (waive pension-insurance exemption)	

### Compensation

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
		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> Short-term employment	
		<input type="checkbox"/> Mini job <input type="checkbox"/> Non-mini job employment <input type="checkbox"/> Short-term employment	

**Is the legal income border adhered to, if all monthly income is added up?**

(Note for employer: verify social security evaluation)

Yes  No

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### Employment documents

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

\_\_\_\_\_  
**Employer signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**For minor signature of  
legal guardian**