

Personnel questionnaire

Important note: Incomplete or incorrectly completed personal questionnaires will not be processed by us and will result in additional costs or late payment of remuneration. In particular, please ensure that your tax identification number, SV number, IBAN and health insurance number are correct. We have marked them in red for you.

Employer:

The following information must be completed for each employee:

Personal data

Name Birthname	Surname	
Address	Postcode/ City	
Date of birth	Sexe	<input type="checkbox"/> Male <input type="checkbox"/> Undefined <input type="checkbox"/> Female <input type="checkbox"/> Diverse
Social security number	Tax identification number / tax class	
Place and country of birth - only if insurance no. is missing :	Handicapped	<input type="checkbox"/> yes <input type="checkbox"/> no
Nationality	For construction salaries: social security/construction worker number :	
IBAN	BIC	
Do you do any other work? <input type="checkbox"/> yes <input type="checkbox"/> no	Is this a minor occupation? <input type="checkbox"/> yes <input type="checkbox"/> no	
In the construction sector, since :	Is this an activity subject to compulsory health insurance? <input type="checkbox"/> Main occupation <input type="checkbox"/> Secondary occupation	

Social security

Exact name of health insurance company (attach certificate of affiliation)	<input type="checkbox"/> legal <input type="checkbox"/> privat	
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Education	<input type="checkbox"/> Without a school-leaving qualification <input type="checkbox"/> Haupt-/Volksschulabschluss <input type="checkbox"/> Mittlere Reife/gleichwertiger Abschluss <input type="checkbox"/> Other: _____	Training professional	<input type="checkbox"/> without a vocational training qualification <input type="checkbox"/> Recognised professional training <input type="checkbox"/> Master's degree/technician/equivalent training/diploma from a specialised school <input type="checkbox"/> Bachelor <input type="checkbox"/> Diploma/Master's/Master's/State Examination <input type="checkbox"/> Promotion <input type="checkbox"/> Other: _____
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Status at start of employment

<input type="checkbox"/> Students <input type="checkbox"/> School leavers wishing to follow a vocational training course <input type="checkbox"/> School leavers intending to study <input type="checkbox"/> People who have left school and want to do voluntary work <input type="checkbox"/> Unemployed person looking for work/training <input type="checkbox"/> Volunteer <input type="checkbox"/> Trainee <input type="checkbox"/> Civil servant	<input type="checkbox"/> Self-employed <input type="checkbox"/> Employee whose main job is subject to social security contributions <input type="checkbox"/> Employee on unpaid leave due to his or her main activity <input type="checkbox"/> Employee on parental leave due to main job <input type="checkbox"/> Full old-age pensioners before reaching the standard retirement age <input type="checkbox"/> Beneficiaries of a full old-age pension before statutory retirement age <input type="checkbox"/> Beneficiaries of pensions after reaching the age limit <input type="checkbox"/> Other: _____
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Information on registering as a jobseeker or trainee :

Are you unemployed at the start of the employment relationship and registered as a jobseeker or trainee with the employment agency?

yes, at the employment agency in _____

with benefits sans prestations No

Children for whom parental status can be proven :		
Name	Surname	Date of birth (DD.MM.YYYY)
Name	Surname	Date of birth (DD.MM.YYYY)
Name	Surname	Date of birth (DD.MM.YYYY)

Details of previous periods of taxable employment in the current calendar year

Date from	Date Until	type of job	Number of days of employment

Employment or self-employment abroad: you are currently employed by another employer or self-employed abroad.

Yes No

If yes: I currently have the following jobs/activities abroad (attach A1 certificate) :

Start and end of employment or activity	Employer with address* or place of business

The following information must be completed by the employer:**Employment**

Entry date	Registration number	Employment organisation
Professional title/activity		Cost centre
Length of working week : <input type="checkbox"/> Full time <input type="checkbox"/> Part-time work		Where applicable, breakdown of weekly working hours: MON TUE WEN THU FRI SAT SUN

Limited duration

<input type="checkbox"/> The employment contract is for a fixed term / <input type="checkbox"/> for specific purposes for specific purposes <input type="checkbox"/> no fixed term	Fixed-term contract from :
Conclusion of a fixed-term employment contract in writing	Conclusion of employment contract on:
<input type="checkbox"/> the temporary job is for at least 2 months, with the prospect of subsequent employment	

Salary

Designation	Amount	Valid from	Hourly pay	Valid from
Designation	Designation	Valid from	Hourly pay	Valid from

Declaration by the person employed: I certify that the above information is correct. I undertake to inform my employer immediately of any changes, particularly with regard to other jobs (in terms of nature, duration and remuneration).

Date

Signature of employee

Date

For minors, signature of legal representative

Date

Signature of the employer