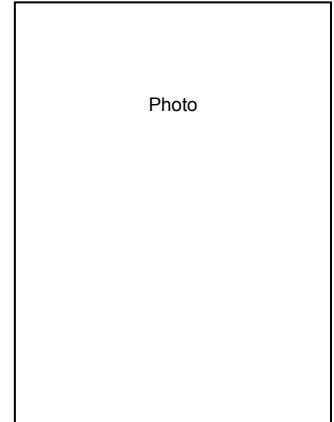


Personnel Questionnaire

for Employees Subject to Collective Agreements

Please answer all questions legibly (print if possible). Please provide full dates, including the day, month, and year. If a question does not apply to you, please write "not applicable" or "n/a." If you have any doubts regarding how to answer these questions, please contact the personnel office within the administration. Filling out the personnel questionnaire does not establish any claims on your part. Please note that in the case of answers subject to an evaluation, the overall circumstances of the applicant's personal career are always taken into account.

*Please check where applicable.
If you need more space, please attach a signed separate sheet of paper.*

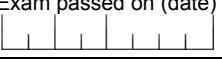
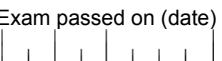
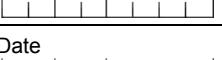


<i>To be filled out by applicant</i>						
1. Last name (and last name at birth, where applicable)						
2. First name(s) (underline name used)						
3. Date of birth		Place of birth		Country of citizenship		
4. Address				Phone number		
5. Marital status		<input type="checkbox"/> married since _____ <input type="checkbox"/> single <input type="checkbox"/> registered domestic partnership		<input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered domestic partnership dissolved <input type="checkbox"/> survivor of registered domestic partner		
6. First and last names (last name at birth, where applicable) of spouse or registered life/domestic partner:				Date of birth _____		
7. Children:		Full name	Date of birth	Child benefit (<i>Kindergeld</i>) paid? ¹		
1.			_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No. (Kindergeld-Nr.): _____	
			_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No. (Kindergeld-Nr.): _____	
			_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No. (Kindergeld-Nr.): _____	
				_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No. (Kindergeld-Nr.): _____
				_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No.: _____

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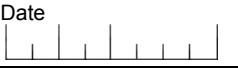
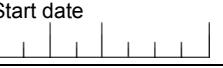
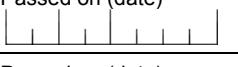
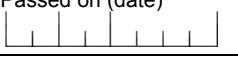
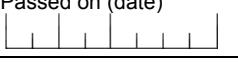
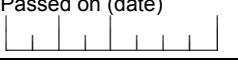
¹ Note: To have this information taken into account for nursing care insurance (*Pflegeversicherung*), please also list children regardless of any child benefit you may receive.

Personnel Questionnaire
for Employees Subject to Collective Agreements (Cont'd.)

8.	Are you a person with a recognized (severe) disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Level of disability (<i>Grad der Behinderung, GdB</i>):
			According to disabled ID Card No. (Schwerbehindertenausweis-Nr.):
	Has the Employment Agency (Agentur für Arbeit) granted you a status equivalent to that of a disabled person?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Level of disability (<i>Grad der Behinderung, GdB</i>):
			according to notice from the Agentur für Arbeit dated 
<p><i>For questions 11 through 14, please also list any current schooling, higher education, or vocational training or current continuing and professional education courses.</i></p>			
9.	General education school:		Start date 
	School leaving certificate		End date 
10. Higher schooling (e.g., specialized vocational school, higher vocational school, commercial school)			
School type and name:	Location	Start date 	End date 
	Location	Start date 	End date 
	Location	Start date 	End date 
Diploma or degree/certificate earned:			Exam passed on (date) 
11. Higher education (including technical/vocational school (<i>Fachschule</i>), University of Applied Sciences (<i>Fachhochschule</i>), academy)			
Type of studies / discipline	Start date 	End date 	
	Start date 	End date 	
Higher education institutions attended:			
Type of final exam:			Exam passed on (date) 
<input type="checkbox"/> Bachelor	in	Date 	
<input type="checkbox"/> Master	in	Date 	
<input type="checkbox"/> Magister	in	Date 	
<input type="checkbox"/> Diplom	in	Date 	
<input type="checkbox"/> State accreditation (<i>staatliche Anerkennung</i>) / permit or license	as	Date 	
<input type="checkbox"/> Doctorate (PhD)	in	Date 	
<input type="checkbox"/> License to practice medicine	Field	Date 	

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Personnel Questionnaire
for Employees Subject to Collective Agreements (Cont'd.)

	<input type="checkbox"/> Specialized physician	Field/specialization		Date 
	<input type="checkbox"/> First State Exam (<i>Staatsprüfung</i>)			Date 
	<input type="checkbox"/> Second State Exam (<i>Staatsprüfung</i>)			Date 
	<input type="checkbox"/>			Date 
	<input type="checkbox"/>			Date 
12.	Vocational training, continuing/professional education, including retraining			
	Nature / subject	Start date 	End date 	
	Training site			
	<input type="checkbox"/> Type of final exam			Passed on (date) 
	<input type="checkbox"/> Master craftsman's exam (<i>Meisterprüfung</i>)	in		Passed on (date) 
	<input type="checkbox"/> Other training and/or exams			Passed on (date) 
	<input type="checkbox"/>			Passed on (date) 
13.	Particular knowledge and skills, especially for the duties to be performed; e.g., foreign languages (scope of knowledge, exams, certificates), driver's license (class)			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
14.	Have you ever been employed in any capacity by TU Berlin?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
15.	What is your social insurance number?		No.:	
16.	Are you insured with a health insurance (Mitglied einer Krankenkasse)?		<input type="checkbox"/> No	<input type="checkbox"/> Yes – please list:
17.	Do you receive a pension or any pension benefits, including survivor dependant's pension (Renten, Versorgungs- bzw. Hinterbliebenenrente)?		<input type="checkbox"/> No	<input type="checkbox"/> Yes – type of agency determining benefits (Feststellungsbehörde): <input type="checkbox"/> I have submitted a request

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Personnel Questionnaire
for Employees Subject to Collective Agreements (Cont'd.)

18.	Have you ever been insured with the der Versorgungsanstalt des Bundes und der Länder (VBL) or another supplementary pension insurance institution (mandatory insurance, voluntary additional insurance, insurance not subject to contributions)	<input type="checkbox"/> No	<input type="checkbox"/> Yes – with: Insurer: _____ Ins. No.: _____			
	Have you received a refund/reimbursement for your contributions or portions thereof?	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
	Has a settlement been granted?	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
	Did your last employer, or any previous employer, pay you supplements to your contributions for a life insurance policy or a public-law insurance or pension insurance institution within the meaning of § 6 Para. 1 SGB (Sozialgesetzbuch, Code of Social Law) VI (e.g., physicians' insurance)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – list employer: <table border="1" style="width: 100%;"><tr><td style="width: 50%;">Start date [] [] [] [] [] [] []</td><td style="width: 50%;">End date [] [] [] [] [] []</td></tr></table>		Start date [] [] [] [] [] [] []	End date [] [] [] [] [] []
Start date [] [] [] [] [] [] []	End date [] [] [] [] [] []					
19.	If you are hired, do you plan to engage in ancillary / other employment/activity after hiring (Nebentätigkeit)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – please specify:			
20.	Are compulsory enforcement/execution (<i>Zwangsvollstreckung</i>) measures currently pending against you, or is there reason to believe that part of your pay will have to be deducted based on garnishment of your wages or assignment of your claims to third parties?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – please provide detailed information separately.			
21.	Have you been barred from holding public office?	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

I affirm that the foregoing information is complete and truthful to the best of my knowledge and belief. I am aware that if I am hired, having made false statements may result in my dismissal.

I am aware that if I am hired, I am required to notify my personnel office of any changes in the circumstances stated in numbers 1 through 19 above without being requested to do so.

I am furthermore aware that if I am hired, my personal information will be saved to the extent necessary for the employer to meet its obligations.

_____, on _____
Place/location _____ Date _____ First and last name (last name at birth, if applicable)

Please attach the following:

- 1 Any necessary additions to your answers to individual questions
- 2 Copies (**do not** attach originals) of your examination certificates and employment references