

Personnel Questionnaire

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



COMPANY NAME: Plus Germany GmbH

Information on the new employee

Personnel number:

Personal data

Surname, maiden name as applicable Bosch	Given name Michael
Street and house number (incl. additional information) Hauptstrasse 6	Post code, city 89183 Holz Kirch
Date of birth 05.10.1994	Gender <input checked="" type="checkbox"/> male <input type="checkbox"/> female
Insurance number (as per social security card) 63051094B027	Marital status unmarried
Place, country of birth – only if without insurance number Ulm / Germany	Severely disabled <input type="checkbox"/> yes <input type="checkbox"/> no
Nationality German	Employee number, pension fund - construction 0001 (GmbH entity)
Bank account number (IBAN) DE43 6306 1486 0255 6030 02	Sort code/bank ID (BIC) GENODES1LBK

Employment

Date employment contract begins 18.04.2022	First day 19.04.2022	Place of employment Munich
Description of profession Senior Software Engineer	Job performed	
Highest level of education <input type="checkbox"/> No school leaving certificate <input type="checkbox"/> Haupt-/Volksschulabschluss (completion of secondary education) <input type="checkbox"/> School leaving certificate or equivalent <input checked="" type="checkbox"/> Abitur/Fachabitur (equivalent of A levels in UK)	Highest level of professional training <input type="checkbox"/> No vocational training <input type="checkbox"/> Officially recognised vocational training <input type="checkbox"/> Master craftsman/technician/equivalent degree <input type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> Diploma/graduate degree/master's degree/state examination certificate <input type="checkbox"/> PhD	
Date apprenticeship begins		Planned date apprenticeship ends
Holiday entitlement (calendar year)		Cost centre
Weekly/daily working hours <input type="checkbox"/> full time <input type="checkbox"/> part time	Department number	
Employed in construction industry since -	Person group	

Personnel Questionnaire

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



COMPANY NAME: Plus Germany GmbH

Electronical acceptance of certificates (Bea)

☐ I object to my income statements (earned and additional) being forwarded electronically to the Bundesagentur für Arbeit (Federal Employment Office).

Terms of employment

<input type="checkbox"/> The term of employment is fixed	<input type="checkbox"/> Written conclusion of a fixed-term employment contract
<input type="checkbox"/> The term of employment is fixed for a purpose	<input type="checkbox"/> Fixed-term employment is planned for at least two months, with prospects of further employment
Employment contract fixed until	Employment contract concluded on

Taxes - Information as per income tax card

Official Municipality/community key Finanzamt Ulm	Tax office number 2888	Identification number 71 862 343 900
Tax class/factor 1	Number of exemptions for children none	Confession evangelic

Social insurance

State insurer Siemens Betriebskrankenkasse	Legislated state insurer evaluation Health insurance Pension insurance Retirement insurance Nursing care insurance	
State insurer number	Accident insurance risk tariff	
Parenthood <input type="checkbox"/> yes <input type="checkbox"/> no		

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

Personnel Questionnaire

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



COMPANY NAME: Plus Germany GmbH

Capital-forming benefits (VWL) not yet implemented (in case yes, please mail back)

Recipient	Amount	Employer share (monthly amount)
	Since	Contract number
Bank account number (IBAN)	Sort code/bank ID (BIC)	

Employment documents

Employment contract	<input type="checkbox"/> At hand	Company retirement provision	<input type="checkbox"/> At hand
Income tax card/written confirmation of income tax	<input type="checkbox"/> At hand	Declaration of earning for previous employment	<input type="checkbox"/> At hand
Social insurance ID	<input type="checkbox"/> At hand	For evaluation of insurance exemption regarding health insurance	<input type="checkbox"/> At hand
State insurance membership certificate	<input type="checkbox"/> At hand	Severely disabled ID	<input type="checkbox"/> At hand
Private health insurance certificate	<input type="checkbox"/> At hand	Pension fund documents	<input type="checkbox"/> At hand
Capital-forming benefits (VWL) contract	<input type="checkbox"/> At hand	construction/painting	
Proof of parenthood	<input type="checkbox"/> At hand		

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).

14th July 2022

Michael Bosch

Date

Employee signature

Date

Employer signature