

Personnel questionnaire for employment up to 520,00 EUR (Mini Job)

(Time employees)

Personal information

Surname	
Name	
Street	
Post code, Residential Address	
Date of birth	
Birth name	
Place of birth	
Marital status	
Denomination	
Children according to the tax card	
Nationality	
Bank	
IBAN	
Bank code	
Tax identification number	
Statutory health insurance	
Private health insurance	
Social security number	

Employment information

Job title	
Entry date	
Fixed -term employment relationship, if so by:	
Gross wage/ gross salary monthly	
Gross hourly wage	

Information on other secondary employment in the last 12 months

period of time from - to	
Weekly work time	
monthly fee	
employee	

Information about planned secondary employment

Period of time from to	
Weekly work time	
Monthly fee	
Employer	

Information on current occupations

in addition to my marginal employment I am:

Employee in a main job			
Students on the following school:			
Enrolled student with health insurance company	fam.insurance	vol.insurance	please tick in
Housewife/husband			
Civil servant			
Pensioner			
as a pensioner, I have been receiving a pension since	part. Pension	full Pension	please tick in
Retiree			
as a retiree, I receive a pension	part. Board	full Board	please tick in
Unemployed			
Currently on parental leave			
Self-employed since			
Soldier			
If the active period of service ends during this employment, I will continue to receive free medical care until			
Other			

**Enrollment certificates are required for students!
Please enclose and submit annually in future!**

This information is required in order to be able to carry out the insurance law assesment.
My information is complete and correct.
I will inform you about all changes that affect my professional life.

Signature of the employee:

Place and date