

Personnel information form

Personnel No.

(grey fields are not to be completed by the employee)

COMPANY

Personal Information:

Surname	First name
Full address (incl. additional information)	Post Code, Town/City
Date of birth	Gender <input type="checkbox"/> male <input type="checkbox"/> female
Insurance No. (according to social insurance ID)	Marital status Married? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality	Severely disabled <input type="checkbox"/> yes <input type="checkbox"/> no
Employee No. Social Security Benefits Office - Construction	
Account No. (IBAN)	Bank sort code/BIC

Employment:

Date of joining	Initial date of joining	Business establishment
Job title	Job description	
Education <input type="checkbox"/> Primary/secondary school qualifications <input type="checkbox"/> A'levels/High school graduation <input type="checkbox"/> Vocational school/Technical college or university <input type="checkbox"/> University graduation	Apprenticeship <input type="checkbox"/> yes <input type="checkbox"/> no	
Vacation entitlement (calendar year)	Working hours per week	Category of persons
Cost centre	Department No.	Employed in the construction industry since
Start of apprenticeship	Expected end of apprenticeship	

Limited term:

<input type="checkbox"/> The employment relationship is limited in term	<input type="checkbox"/> The employment contract with a limited term was concluded in writing
At the time of conclusion of the employment contract the term of the employment relationship was limited until	The employment contract with a limited term was concluded on
<input type="checkbox"/> The employment for a limited term was intended for at least 2 months and the possibility of continued employment was indicated by the employer at the time of conclusion of the contract	

Tax:

Official municipality code (AGS)/Municipality No. according to tax card		Tax office No. according to tax card	
Tax ID No.	Tax category/factor	Number of tax-free child allowances	Religious denomination

Social insurance:

Health insurance company:		PLEASE NOTE: Please complete the annex in case of voluntary health insurance		Health insurance company No.	
Health insurance	Pension insurance	Unemployment insurance	Nursing care insurance	Accident insurance - hazard category job (GST)	

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Wage/salary:

Designation	Amount	In force as of	Hourly wage	In force as of
Designation	Amount	In force as of	Hourly wage	In force as of

Contributions to capital formation (only necessary where contract exists):

Recipient of contributions to capital formation	Employer's contribution (amount per month)	Since:
	Contract No.:	Amount
Account No.	Bank sort code/Bank	

Information on employment documents

	<input type="checkbox"/> already provided	<input type="checkbox"/> enclosed
• Employment contract	<input type="checkbox"/> already provided	<input type="checkbox"/> enclosed
• Tax card	<input type="checkbox"/> already provided	<input type="checkbox"/> enclosed
• Social insurance ID card	<input type="checkbox"/> already provided	<input type="checkbox"/> copy enclosed
• Contract on contributions to capital formation	<input type="checkbox"/> already provided	<input type="checkbox"/> enclosed
• Proof of status as parent (where no tax exemptions for children are entered on the tax card)	<input type="checkbox"/> already provided	<input type="checkbox"/> enclosed
• Contract on company pension scheme	<input type="checkbox"/> already provided	<input type="checkbox"/> enclosed
• Declaration on income from previous employment in order to assess exemption from compulsory health insurance	<input type="checkbox"/> already provided	<input type="checkbox"/> enclosed
• Documents from Social Security Benefits Office Construction/Painters	<input type="checkbox"/> already provided	<input type="checkbox"/> enclosed

Information on periods of previous employment liable for tax during the current calendar year (=periods of employment for which the tax card was presented)

Period as of	Period until	Type of employment	Number of days of employment

Declaration made by employee:

I assure you that the above information is accurate. I undertake to notify my employer without undue delay about all changes, especially with regard to other employment (as regards the nature, duration and wage/salary).

Date

Signature