

Please complete the form by hand
(write clearly and in block capitals)

or by word processor

- please give considered and full answers to the questions

Photo

Employee questionnaire / personal information

Clear form

Print form

Year taken:

1. About you

Name (academic certification, if applicable)

First name (please give all names in full with your chosen name underlined)

Name at birth / previous name

Date of birth

City / district / state of birth*)

Address

Private tel. (optional)	<input type="checkbox"/> Registered civil partnership in accordance with Section 1 of the German Civil Partnership Act	Office of employment	
Family status single	married	divorced	widowed

Severely disabled no Q yes	Level of disability %
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Type of disability (required in cases where the disability is relevant to the activity)

Acknowledged/confirmed by (authority, date, case no.)

By (authority, date, case no.)

Equivalent to a disabled person
|| no Q yes

Nationality <input type="checkbox"/> German	Other nationality
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2. About your spouse or civil partner Section 1 LPartG (optional)

Name

First name (please give all names in full)

Name at birth / previous name

Date of birth	City / district / state of birth*)

*) federal state or abroad

3. About your children

First name, last name	Date of birth

4. About your education and further studies

Type of educational institution, field of study	From - to	School year achieved (if necessary, completion, departure)

5. Examinations taken (e.g. final examination in an apprenticeship, degree, career training course)

Name of qualification	Date	Grade
Promotion to, on	Results	
Post-doctoral qualification		

If unemployed, please specify the relevant employment office					
Period of employment (day, month, year) from - to	Occupation / Employer	Type of occupation / area of work	Weekly working hours	Official role / level, pay grade in the public service	Reason for leaving

8. Secondary activities

9. Career (appointments, promotions, etc.)

	Level of service / title	Date

10. Notes

I hereby assure that the above information is correct. I am aware of the possible consequences of providing incorrect information – termination of the existing employment contract / termination of the civil service contract. Changes must be notified to the relevant HR department without delay.