

Employee details

Please note that **ONLY** the German version of this document is legally binding and has to be signed.
The English translation is provided to help you fill out the original German document.

I. Personal situation

1. Personal data

| | | | |
|--|---|-------------------------|----------|
| Surname, given name(s) | | | Photo |
| Birth name (if applicable) | | | |
| born on | in | | |
| County/Country | Nationality | | |
| Sex | <input type="checkbox"/> male <input type="checkbox"/> female | | |
| Marital status <input type="checkbox"/> unmarried | Married since | Civil partnership since | Comments |
| Address | | | |
| Address | | | |
| Address | | | |
| Telephone/mobile phone/e-mail | | | |

2. Spouse/civil partner

| | |
|------------------------|---------|
| Surname, given name(s) | born on |
|------------------------|---------|

3. Children

| Name | born on | Relationship to child (daughter/son, foster child, grand child, sibling, spouse's child or similar) | Household membership (employee's household or household of the other parent) |
|------|---------|---|--|
| | | | |
| | | | |
| | | | |
| | | | |

II. Disabilities and pensions

1. Severely disabled (Sections 1,2 of the German Social Security Code, SGB IX) yes no

| | | |
|---|-------------|-----------------------------------|
| Letter of acknowledgement/recognition dated | Valid until | Degree of disability (in percent) |
| Type of disability (optional) | | |

2. Are there any health-related restrictions to performing any of your official duties ? Which?

3. Do you already receive any type of old-age pension, retirement pension, survivorship annuity, (vocational) disability pension or accident annuity? yes no

Employee details

for Ms/Mr _____

III. School education, vocational training, higher education and special skills

1. School education

| Schools attended, type | Place | Time |
|------------------------|-------|-------|
| | | |
| | | |
| | | |
| | | |
| Examinations, type | Date | Score |
| | | |
| | | |
| | | |
| | | |

2. Vocational training

| Training relationship, type | Place | Time |
|-----------------------------|-------|-------|
| | | |
| | | |
| | | |
| | | |
| Examinations, type | Date | Score |
| | | |
| | | |
| | | |
| | | |

3. Higher education

| Universities/colleges attended, type | Place | Time |
|--------------------------------------|-------|-------|
| | | |
| | | |
| | | |
| | | |
| Examinations, type | Date | Score |
| | | |
| | | |
| | | |
| | | |

Employee details

for Ms/Mr _____

4. Special skills

Computer skills
(basic or advanced)

Language skills in addition to native language
(school-level proficiency or high-level proficiency, degree)

Training courses
(e.g. administration academy; dates attended, final exams, results, etc.)

Qualifying examinations
(type, date, result)

Further special skills

IV. Previous work

| From - to | Position | Employer | Comments |
|-----------|----------|----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

V. Alternative civilian service and military service

Civilian service | From - to

Military service | From - to

Additional information

VI. Criminal or disciplinary proceedings

Are there any criminal or disciplinary proceedings pending against you which could affect your employment in the intended position?

yes no

Comments

VII. Additional information

I confirm that the above information was provided to the best of my knowledge and belief.
I am aware that if I knowingly provide false information, I can expect to be dismissed without notice.

Place, date

Signature (please write out entire given name and surname)