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| **Personalbogen**  **I. Persönliche Angaben** | | | | | | | | | | |  | | | | | |  | | | |
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| Familienname, Vorname(n) | |  | |
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| Kreis/ Land |  | | | Staatsangehörigkeit | | | | | | | | | | | | | | | | |
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| Geschlecht □ männlich □ weiblich □ divers | | | | | | | | | | |  | | | | | | | | | |
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| Familienstand | | verheiratet seit | | | eingetragene Lebenspartnerschaft seit | | | | | | weitere Angaben | | | | | |  | | | |
| □ nicht verheiratet | |  | | |  | | | | | |  | | | | | |  | | | |
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| Anschrift | |  | | | |  | | | | |  | |  | | | | | | | |
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| Telefon/Mobiltelefon | |  | | | |  | | | | |  | |  | | | | | | | |
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| Steuer-ID | |  | | | |  | | | | |  | |  | | | | | | | |
| **II. Besondere persönliche Verhältnisse** | | | | | | | | | | |  | | | | | |  | | | |
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| Schwerbehinderter (§§ 1,2 des SGB IX) □ ja □ nein | | | | | | | | | | | | | | | | | | | | |
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| Anerkennungsbescheid/ Gleichstellungsbescheid vom | | | | | | |  | gültig bis | | | Grad der Behinderung (v.H.) | | | | | | | |  | |
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| **III. Immatrikulation und Hochschulbildung** |  |  |

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| Angaben zur Hochschule  (An welcher Hochschule sind Sie aktuell immatrikuliert?) | | | |  | | | |
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| Angaben zum Studiengang  (In welchem Studiengang sind Sie aktuell immatrikuliert?) | | | |  | | | |
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| Angaben zum Fachsemester | | | |  | | | |
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| Angaben zu einem bereits vorliegenden Hochschulabschluss  (Falls zutreffend, bitte Fachgebiet angeben) | | | |  | | | |
| **IV. Weitere parallel ausgeübte Beschäftigungen**  (Angaben sind nur zu machen, soweit weitere Beschäftigungen während des Beschäftigungszeitraums an der FAU ausgeübt werden) | | | | | | | |
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| von - bis | als | | bei | | | Wöchentl. Arbeitszeit |  |
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Ich versichere, dass ich die vorstehenden Angaben nach bestem Wissen und Gewissen gemacht habe.

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| Ort, Datum |  | Unterschrift (ausgeschriebener Vor- und Familienname) |