

Employment questionnaire

Employment data

Employee's pers. no.: _____
(to be completed by the employer)

1. Name: _____ Street/No.: _____
 First name: _____ Postcode: _____
 Date of birth: [][][][][][] City: _____
 Pension insurance number: _____ E-mail address: _____
 Department/tel.: _____

Employed from [][][][][][] to [][][][][][]

Working student Trainee (voluntary) School student University student (undergraduate/postgraduate)
 Trainee (mandatory) A-level student PhD student Other: _____

Regular weekly working hours (hrs): [][][][][] Work on what days? _____
 Monthly gross earnings (including regular special payments) €: [][][][][][][][][][][]

2. I have been employed in the last 12 months: No Yes, by:

Name of company: _____	Name of company: _____
From [][][][][][] to [][][][][][]	From [][][][][][] to [][][][][][]
Average monthly gross salary €: [][][][][][][][][][][]	Average monthly gross salary €: [][][][][][][][][][][]
Average weekly working hours (hrs): [][][][][][]	Average weekly working hours (hrs): [][][][][][]
Working days: _____	Working days: _____
Mandatory internship: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mandatory internship: <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Yes, I am also employed or working on a self-employed basis. I will provide notification of any termination/change in this work without delay.

Name of company: _____ From [][][][][][] to [][][][][][]

Average monthly gross salary €: [][][][][][][][][][][] Average weekly working hours (hrs): [][][][][][]

Working days: _____

No, I will notify any commencement of activity immediately.

4. Yes, I am/have been registered with the Federal Employment Agency in the last 12 months as available for work and/or have received benefits from the Agency from [][][][][][] to [][][][][][]

No, I will report any unemployment notification immediately.

5. I am/was a school student until [][][][][][] Name and location of school: _____ and intend to

attend college from [][][][][][]

attend vocational school from [][][][][][]

begin work (e.g. apprenticeship, voluntary military services/national voluntary service) from [][][][][][]

I am a housewife/husband doing voluntary military service/national voluntary service in the armed forces
 a civil servant an employee on parental leave a pensioner (e.g. retirement pension/disability)

Confirmation from employer (to be completed by the employer)

We have checked the employment information in item 1. A copy of the registration certificate/evidence of internship/certificate of school attendance has been added to the personnel file. We shall notify any changes in the employment relationship which may have an effect on the social insurance without delay.

Low-wage employees: request for pension contribution exemption: No Yes, exemption effective from _____

Date Responsible Phone no. Stamp and signature

To be completed by the health insurance fund:

Social insurance assessment*

- Compulsory health insurance: Yes, from _____ No
- Contribution rate to health insurance: General, from _____ Reduced rate, from _____
- Compulsory pension insurance: Yes, from _____ No
- Compulsory unemployment insurance: Yes, from _____ No
- Compulsory long-term care insurance: Yes, from _____ No
- Health insurance flat rate (if statutorily insured): Yes, from _____ No
- Pension insurance flat rate: Yes, from _____ No

Group of persons:

- Employee (101) Apprentice (102) Trainee (105) Working student (106)
- Limited part-time employment (109) Temporary employment (110) Apprentice < €325 (121) Accident insurance only (190)

Date Name Phone no. Stamp/signature of SBK

* The assessment is not an administrative act. A legally binding assessment is made by the employer or the responsible collection agency.