

# 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
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### 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 ?  yes  no 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)