

Personnel Questionnaire

for Employees Subject to Collective Agreements

Please answer all questions legibly (print if possible). Please provide full dates, including the day, month, and year. If a question does not apply to you, please write "not applicable" or "n/a." If you have any doubts regarding how to answer these questions, please contact the personnel office within the administration. Filling out the personnel questionnaire does not establish any claims on your part. Please note that in the case of answers subject to an evaluation, the overall circumstances of the applicant's personal career are always taken into account.

Photo

*Please check where applicable.
 If you need more space, please attach a signed separate sheet of paper.*

	<i>To be filled out by applicant</i>			
1.	Last name (and last name at birth, where applicable)			
2.	First name(s) (underline name used)			
3.	Date of birth <input style="width: 100px; height: 20px;" type="text"/>	Place of birth	Country of citizenship	
4.	Address			Phone number
5.	Marital status <input type="checkbox"/> single	<input type="checkbox"/> married since <input style="width: 100px; height: 20px;" type="text"/> <input type="checkbox"/> registered domestic partnership	<input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered domestic partnership dissolved <input type="checkbox"/> survivor of registered domestic partner	
6.	First and last names (last name at birth, where applicable) of spouse or registered life/domestic partner:			Date of birth <input style="width: 100px; height: 20px;" type="text"/>
7.	Children:	Full name	Date of birth	Child benefit (<i>Kindergeld</i>) paid? ¹
	1.	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No. (<i>Kindergeld</i> -Nr.):
	2.	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No. (<i>Kindergeld</i> -Nr.):
	3.	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No. (<i>Kindergeld</i> -Nr.):
	4.	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No. (<i>Kindergeld</i> -Nr.):
	5.	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes – family benefits office (body that provides payments): Child benefit No.:

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¹ Note: To have this information taken into account for nursing care insurance (*Pflegeversicherung*), please also list children regardless of any child benefit you may receive.
 TU Berlin - Form: Personalfragebogen, V1.00, TUB, Abt II, ENG, 2013_02_06.docx - PDF

Personnel Questionnaire
for Employees Subject to Collective Agreements (Cont'd.)

	<input type="checkbox"/> Specialized physician	Field/specialization	Date
	<input type="checkbox"/> First State Exam (<i>Staatsprüfung</i>)		Date
	<input type="checkbox"/> Second State Exam (<i>Staatsprüfung</i>)		Date
	<input type="checkbox"/>		Date
	<input type="checkbox"/>		Date
12.	Vocational training, continuing/professional education, including retraining		
	Nature / subject	Start date	End date
	Training site		
	<input type="checkbox"/> Type of final exam		Passed on (date)
	<input type="checkbox"/> Master craftsman's exam (<i>Meisterprüfung</i>)	in	Passed on (date)
	<input type="checkbox"/> Other training and/or exams		Passed on (date)
	<input type="checkbox"/>		Passed on (date)
13.	Particular knowledge and skills, especially for the duties to be performed; e.g., foreign languages (scope of knowledge, exams, certificates), driver's license (class)		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
14.	Have you ever been employed in any capacity by TU Berlin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
15.	What is your social insurance number?	No.:	
16.	Are you insured with a health insurance (Mitglied einer Krankenkasse)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – please list:
17.	Do you receive a pension or any pension benefits, including survivor dependant's pension (Renten, Versorgungs- bzw. Hinterbliebenenrente)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – type of agency determining benefits (Feststellungsbehörde):
			<input type="checkbox"/> I have submitted a request

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