

# Personnel questionnaire for employees

(Please return to the Universität Regensburg administration)

## I. Personal details

Photograph

Surname		Birth name (if applicable)	Office
First name(s) ( <i>underline the name usually used</i> )		Academic degree	Office telephone
Date of birth	Place/county/country of birth		Nationality

a) Employee

Current marital status  
 unmarried                       married since                       civil partnership since

Marital status - changes  
 married since                       divorced since                       civil partnership since  
 widowed since                       remarried since

Address (Street, number, ZIP code, town or city) – *please notify us upon changes*                      Telephone number

Address  
 Changed on

Address  
 Changed on

b) Spouse

Surname		Birth name (if applicable)	Academic degree
First name(s) ( <i>please underline the name usually used</i> )		Date of birth	

Is your spouse employed in the public sector?  
 no     yes  Employer: \_\_\_\_\_

c) Children

Serial No.	Surname, given name(s) <i>(please give details of further children on a separate sheet)</i>	Date of birth	Legal status legitimate, illegitimate, legitimized, adopted, stepchild or foster child, grandchild etc.
1.			
2.			
3.			
4.			

e) Other

**1. Severely disabled in accordance with §§ 2, 80 and 81 of the German Social Security Code, SGB IX, and § 33 Para. 2 - 4 of the Collective Agreement for the Federal States' Public Sector, TV-L**    no     yes  Degree of disability:  
 Disabled person's pass/certificate of recognition/certificate of entitlement to be treated as a severely disabled person (authority and date of certification) - *Please attach a copy of the certificate*

**2. a) Disciplinary measures:**                      no     yes  Which?

**b) Pending criminal disciplinary or preliminary proceedings:**                      no     yes  Which?

## II. Examinations, licenses, other skills and knowledge

### a) Examinations (including doctorates and habilitations):

Type and place taken	Day of examination. For examinations which last more than one day, the date of the oral examination	Date the certificate was issued	Result; passed, failed, grade and, where appropriate, placing

### b) Licenses: in particular registration or state recognition, e.g. as a medical-laboratory assistant, or nurse (Place of issue, issuing authority, date of issue, reference number: valid from):


### c) Other skills and knowledge

Driving license: no  yes   
 Class, issuing authority, date, reference number

Other (e.g. language or IT skills etc.): no  yes

## III. Career history

from/to (please specify the precise day)	Education or employment (e.g. schools, vocational schools, colleges, academic studies, training, military service, civilian service, employment)	Working hours (e. g. full-time or part-time)	Salary per month, where necessary the pay grade / pay scale	Description, type and pace of the education or employment where appropriate indicate if it was in the public sector. In the latter case, also: reason for leaving

## IV. Other

a) I have provided the details given above in all conscience. I make no claims for credit for periods of work in the public sector or other periods of employment or service times nor for times which are able to be credited to the salary service which I have not explained in detail on the personnel questionnaire and given proofs of.

b) I am aware that

- the documents and proofs necessary for personnel management, as a component of my personal file, cannot be returned
- my personal data will be collected, saved and processed for the purpose of personnel management (see Art. 16 Para. 1 and 3 of the Bavarian Data Protection Act, § 3 Para. 6 of the Collective Agreement for the Federal States' Public Sector (TV-L)).

Regensburg, on \_\_\_\_\_

\_\_\_\_\_  
(Signature)