

Please - fill in the staff questionnaire by hand (so it can be read easily
 e.g. in capital letters)
 or electronically
 - answer the questions thoroughly and with utmost care

Photo
 (optional)

Start Year

Staff Questionnaire

1. Personal Details

Surname (academic grade if applicable)	
First Name(s) (please indicate all first names and underline name(s) normally used)	
Maiden Name/Previous Name	
Date of Birth	Place of Birth (place, state, country)
Address	
Private Telephone Number (optional)	Place of Employment
Marital Status	
<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> civil partnership according to §1 LPartG	
Severely Disabled	Grade of Disability (in percent)
<input type="checkbox"/> No <input type="checkbox"/> Yes	
Type of Disability (this needs to be answered if the disability will effect the tasks to be carried out)	
Declared by (authority, date, case, number)	
Equal to Disabled Persons by Law	By (authority, date, case, number)
<input type="checkbox"/> No <input type="checkbox"/> Yes	
Nationality	Further Nationalities
<input type="checkbox"/> German	

2. Details of Spouse or Civil Partner according to § 1 LPartG (Lebenspartnerschaftsgesetz)

Surname (academic grade if applicable)	
First Name (s) (please indicate all forenames und underline name (s) normally used)	
Maiden Name/Previous Name	
Date of Birth	Place of Birth (place, state, country)

3. Details of my Children

Surname, First Name (s)	Date of Birth

4. Details of Education at School, University and Technical/Vocational College

Type of School, Field of Study	Duration From - To	Date of Graduation or Year of Leaving (if applicable expected date of graduation, leaving)

5. Details of Passed Examinations (e.g. final examination for professional training, graduation from university, career examinations for civil servants)

Name of Examination	Date	Mark
Doctorate for, Date	Result	
Habilitation		

9. Career Details for Civil Servants (appointments, promotions etc.)

	Grade/ Job Description	From Date

10. Remarks

I confirm the correctness of the details made above. I am aware of the possible consequences of having made false details - termination of contract/termination of service for a civil servant. Any changes must be indicated to the Human Resources department immediately.

(Location, date) (Signature)

The translation is to be seen as a reference and to be used for the understanding of the corresponding German documents. You may use this document in the English version; however, only the German version of this document is legally binding.