

Do not submit - this translation is to be used as a guide for filling out the German original. Universität Regensburg is not liable for inaccuracies or mistakes in the English translation. In case of doubt, the German originals are to be used in a court of law.

Personnel questionnaire for employees				Photograph
(Please return to the Universität Regensburg administration)				
I. Personal details				
a) Employee	Surname		Birth name (if applicable)	
	First name(s) (<i>underline the name usually used</i>)		Academic degree	Office telephone
	Date of birth	Place/county/country of birth		Nationality
	Current marital status <input type="checkbox"/> unmarried <input type="checkbox"/> married since <input type="checkbox"/> civil partnership since			
	Marital status - changes <input type="checkbox"/> married since <input type="checkbox"/> divorced since <input type="checkbox"/> civil partnership since <input type="checkbox"/> widowed since <input type="checkbox"/> remarried since			
	Address (Street, number, ZIP code, town or city) – <i>please notify us upon changes</i>			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 <input type="checkbox"/> yes <input type="checkbox"/> 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 <input type="checkbox"/> yes <input type="checkbox"/> 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) - <i>Please attach a copy of the certificate</i>			
	2. a) Disciplinary measures:			no <input type="checkbox"/> yes <input type="checkbox"/> Which?
	b) Pending criminal disciplinary or preliminary proceedings:			no <input type="checkbox"/> yes <input type="checkbox"/> 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)