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| Personalbogen für Neueinstellungen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Beschreibung: Beschreibung: LOGO-SW2 | | | | | | | | | | | | | |
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|  | | **Vom Arbeitgeber auszufüllen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Eingangsstempel RV | | | | | | | | | | | | | |
| Einstellung als: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
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| bei: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
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| **Bitte beim Ausfüllen des Personalbogens beachten:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Fehlende Angaben verzögern die Bearbeitung und somit auch Ihre Gehaltszahlung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Wir brauchen eine Mitgliedsbescheinigung der Krankenkasse. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Vermögenswirksame Leistungen und private Zusatzversorgungen können nur auf Antrag überwiesen werden.  Fügen Sie deshalb einen solchen Antrag bei. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Für die Berechnung Ihrer Gehaltseinstufung und der Anrechnung von entgeltrelevanten Zeiten ist es wichtig,  dass Sie auf Seite 2 Ihre Vorbeschäftigungen mit exaktem Datum angeben. Vielen Dank! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Ist die Kopfzeile auf Seite 1 ausgefüllt? (Einstellung als? ab ? bei?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
| **Von dem/der Arbeitnehmer/in auszufüllen: 🡻** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Interne Vermerke Regionalver­waltung/Personalverwaltung: 🡻** | | | | | | | | | | | | | |
| Familienname: | |  | | | | | | | | | | | | | Vorname: | | | | | | | | | | | |  | | | | | | | | | | | |  | **Art der Tätigkeit** | | | | | | | | | | | | | |
| ❒ | | | | | soz.vers.pflichtig | | | | | | | | |
| Geburtsdatum: | |  | | | | | | | | | | | | | Geburtsname: | | | | | | | | | | | |  | | | | | | | | | | | |  | ❒ | | | | Minijob / Aushilfe | | | | | | | | | |
| Bitte speziellen Fragebogen beifügen. | | | | | | | | | | | | | |
| Geburtsort: | |  | | | | | | | | | | | | | Staatsangehörigkeit: | | | | | | | | | | | |  | | | | | | | | | | | |  | ❒ | | | Übungsleiter / in | | | | | | | | | | |
| Bitte Erklärung beifügen. | | | | | | | | | | | | | |
| Telefon/Fax: | |  | | | | | | | | | | | | | Konfession: | | | | | | | | | | | |  | | | | | | | | | | | |  | ❒ | | Praktikant / in | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Straße, Nr.: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | RT-Nr. | | | | | | |  | | | | |  | |
| PLZ / Wohnort: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Kontierung | | | | | | |  | | | | |  | |
| E-Mail: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Für Personalstelle:** | | | | | | | | | | | | | |
| Eingruppierung | | | | | | | |  | | | |  | |
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| **Familienstand:** | | ❒ ledig | | | | | | | | | | | | ❒ verheiratet | | | | | | | | | | | | ❒ geschieden | | | | | | | | | | | | |  | ErZ | | | | | | | |  | | | |  | |
|  | | ❒ verwitwet | | | | | | | | | | | | ❒ verpartnert nach dem Lebenspartnerschaftsgesetz | | | | | | | | | | | | | | | | | | | | | | | | |  | Arbeitszeit | | | | | | | |  | | | |  | |
| Haben Sie Kinder? (wenn ja erfolgt Zusatzbeitragsbefreiung in der Pflegeversicherung **🡺** Kopie mind. einer Geburtsurkunde beifügen) ❒ ja ❒ nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | |  | | | |  | |
| **Bankverbindung:** (Bitte alle Zeilen komplett ausfüllen!) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | VL-Zulage | | | | | | | |  | | | |  | |
| Bankname: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | SZ | | | | | | | |  | | | |  | |
| IBAN:  D E | | |  |  |  |  |  | |  | |  |  |  | | |  |  |  |  |  | |  | |  |  |  | |  |  | |  |  |  | |  |  |  |  |  |  | | | | | | | |  | | | |  | |
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| BIC: | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |  | ***Zulagen*** | | | | | | | |  | | | |  | |
| Konto-Inhaber/in: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | BGS | | | | | | | |  | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Betriebsnr. | | | | | | | |  | | | |  | |
| Steuerklasse: | | |  | | | | | | | Kinderfreibeträge: | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | Hauptbetriebsnr. | | | | | | | |  | | | |  | |
| ID-Nummer: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Berufsgen. | | | | | | | |  | | |  | | |
| Krankenkasse: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | ❒ | KV - | | | | | Schl.: | | |  | |  | | |
| ❒ | RV - | | | | | Schl.: | | |  | |  | | |
| **🡺** (Mitgliedsbescheinigung der Krankenkasse beifügen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | ❒ | AV - | | | | | Schl.: | | |  | |  | | |
| Sozialversicherungsnummer: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | ❒ | PV - | | | | | Schl.: | | |  | |  | | |
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| Ich bestätige, dass das Bundeszentralregister in Bezug auf meine Person keine Ein­tragungen über Verurteilungen wegen Straftaten gegen die sexuelle Selbstbestimmung nach den §§ 171, 174-174c, 176-181a, 182-184g, 225, 232-233a, 234, 235, 236 StGB enthält und auch keine entsprechenden Verfahren gegen mich anhängig sind. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Aushändigung der Straftatbestände nach  § 72a Abs. 1 SGB VIII  ❒ | | | | | | | | | | | | | |
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| Ich verpflichte mich, meinen Arbeitgeber über die Einleitung  entsprechender Verfahren umgehend zu informieren. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ❒ ja | | | | ❒ nein | | | | |  |
| Ich bestätige den Erhalt der Straftatbestände nach §72a Abs.1 SGB VIII ❒  Ich werde in einem solchen Fall meine Tätigkeit bis zur Klärung der Vorwürfe gegen mich ruhen lassen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Fortsetzung: | | | | | Personalbogen für Neueinstellungen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Beschreibung: Beschreibung: LOGO-SW2 | | | | | | | | | | | | | | | |
| Name, Vorname: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Seite 2 von 3 | | | | | | | | | | | | | | | |
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| Ich übe zzt. eine weitere Beschäftigung aus | | | | | | | | | | | | | | | | | | | | | | | | | | ❒ ja | | | ❒ nein | | | | | | | | |  | |  | | **Interne Vermerke RV/PV:** | | | | | | | | | | | | | | |
| - wenn ja: Höhe des monatlichen Entgelt, wichtig für die  richtige Berechnung der SV-Beiträge | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | EUR | | | | | | | | |  | | Tätigk.schlüssel: | | | | | | | | |  | | | | | |  | |
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| Beziehen Sie eine Rente? | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | ❒ ja | | | ❒ nein | | | | | |  | | |  | |  | | | | | | | | | | | | | | |
| - Wenn ja: Welche? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | |  | |
| - Wenn ja: Befristet bis: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
| **🡺** (bitte Kopie - 1. Seite - des Rentenbescheides beilegen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | |
| Sind Sie anerkannte/r | | | | | | Schwerbehinderte/r | | | | | | | | | | ❒ ja | | | | | | | | | | | ❒ nein | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | oder Gleichgestellte/r? | | | | | | | | | | ❒ ja | | | | | | | | | | | ❒ nein | | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | |
| ggf. Höhe der Erwerbsminderung | | | | | | | | | | | | | | | |  | | | | | | % | | | | |  | | |  | | | | | |  | | | |  | | | | | | | |  | | | | | | | | |
| **🡺** (bitte Kopie des Bescheides vorlegen) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | | | |  | | | | | | | |  | | | | | | | | |
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| Besteht oder bestand eine Zusatzversicherung? | | | | | | | | | | | | | | | | ❒ ja | | | | | | | | | | | ❒ nein | | | | | | | | |  | | | | Zusatzversicherungspflicht: | | | | | | | | | | | | | | | | |
| - Wenn ja: Bei welcher Zusatzversorgungskasse? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | ❒ | | | ja | | | ❒ | | | | nein | | | | | | |
|  | | **🡺** (bitte Nachweis beifügen) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | AG-Nr.: | | | |  | | | | | | | | | | | |  |
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| Werden Teile Ihrer Vergütung vermögenswirksam oder durch Entgeltumwandlung angelegt? | | | | | | | | | | | | | | | | ❒ ja | | | | | | | | | | | ❒ nein | | | | | | | | |  | | | | Abschlag: | | | |  | | | | | | | | | | | |  |
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| **🡺** (bitte Unterlagen beifügen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Betrag: | | | |  | | | | | | | | | | | |  |
| Berufsausbildung als: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |
| Abschluss am: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |
| Sonstige abgeschlossene Ausbildung: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |
| derzeitige Tätigkeit: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |
| **Höchster allgemeinbildender Schulabschluss**  ❒ Ohne Schulabschluss ❒ Haupt-/Volksschule ❒ Mittlere Reife oder gleichwertig ❒ Abitur/Fachabitur | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Höchster beruflicher Ausbildungsabschluss** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| ❒ Ohne  ❒ Bachelor | | | | ❒ Anerkannte Berufsausbildung  ❒Diplom/Magister/Master/Staatsexamen | | | | | | | | | | | ❒ Meister/Techniker/gleichwert. Fachschulabschluss  ❒ Promotion/Habilitation | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Nachweis sämtlicher Tätigkeiten** - falls erforderlich, bei weiteren Beschäftigungen Beiblatt beifügen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Art der Tätigkeit:** | | | | | | | **Arbeitgeber:** | | | | | | | | | | **von** | | | | | | **bis** | | | | | | | | | HB | | NB | |  | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | Tag/Mon./Jahr | | | | | | Tag/Mon./Jahr | | | | | | | | |  | |  | |  | | | |  | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | | ❒ | | ❒ | | | |  | **Beschäftigungszeit bei früheren** | | | | | | | | | | | | | | | | |
| 2. | |  | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | | ❒ | | ❒ | | | |  | **kirchlichen Arbeitgebern (EKHN):** | | | | | | | | | | | | | | | | |
| 3. | |  | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | | ❒ | | ❒ | | | |  |  | | | | | | | | | | | | | | | | |
| 4. | |  | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | | ❒ | | ❒ | | | |  |  | | | | | | | | | | | | | | | | |
| 5. | |  | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | | ❒ | | ❒ | | | |  |  | | | | | | | | | | | | | | | | |
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| Zur Anerkennung entgeltrele-vanter Zeiten benötigen wir Angaben über in Anspruch genommene Elternzeiten: | | | | | | | | | | 1. | von | | |  | | | | | | | bis | | | |  | | | | | | | | | | | | | |  |  | | | | | | | |  | | | |  | | | | |
| 2. | von | | |  | | | | | | | bis | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | |
| 3. | von | | |  | | | | | | | bis | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | |
| ❒ | | | BFD / FSJ / Zivildienst / Grundwehrdienst geleistet bei: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
|  | | | **🡺** Bitte Nachweis beifügen! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
| **🡺** **Angaben zur Berufsausbildung bzw. zu sämtlichen Tätigkeiten bitte durch Zeugnisse oder sonstige Unterlagen nachweisen!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
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| **Erklärung:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
| Hiermit versichere ich die Richtigkeit der vorherigen Angaben.  Ich verpflichte mich, jede Änderung, insbesondere jede Aufnahme oder Beendigung eines weiteren Beschäftigungsver­hältnisses unverzüglich dem auf Seite 1 genannten Arbeitgeber oder der zuständigen Regionalverwaltung anzuzeigen. Ich bin davon unterrichtet, dass ich bei unrichtigen Angaben, die zu einer Fehl­be­urteilung in der Steuer- und Sozial­versicherungspflicht führen, mit den auf mich ent­fallenden Kosten belastet werden kann. Ich versichere ausdrücklich und wahrheitsgemäß, dass ich innerhalb der letzten 3 Kalenderjahre nicht in einem befristeten oder unbefristeten Arbeitsverhältnis zur Arbeitgeberin oder einem Rechtsvorgänger gestanden habe. Dies gilt auch für ein Aushilfsarbeitsverhältnis, eine geringfügige Beschäftigung, eine Urlaubsvertretung, ein Probearbeitsverhältnis, ein Praktikum oder Ähnliches. Soweit ich in einem entsprechenden Verhältnis gestanden habe, habe ich das angegeben. Es wird ausdrücklich darauf hingewiesen, dass unterlassene bzw. wahrheitswidrige Angaben zur Anfechtung des Arbeitsvertrages bzw. zur fristlosen oder hilfsweise ordentlichen Kündigung führen können. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Ort, Datum | | | | | | | | | | | | | | | | |  | | | | | | Unterschrift des/der Arbeitnehmers/in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |

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| Personalbogen für Neueinstellungen Erklärung des Arbeitgebers | |  | Beschreibung: Beschreibung: LOGO-SW2 |
| Name, Vorname: |  |  | Seite 3 von 3 |

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| Information zum Personalbogen für den Arbeitgeber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Wir bitten Sie, bei der Bearbeitung des Personalbogens folgende Punkte zu beachten: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. | | | | Achten Sie darauf, dass der Personalbogen **vollständig von dem/der Mitarbeiter/in ausgefüllt** zurückkommt und dass alle erforderlichen Unterlagen beigefügt sind. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | **Am wichtigsten für uns sind:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | a) | Steuer-Identifika-tionsnummer | | | | | b) | Mitgliedsbescheinigung der Krankenkasse | | | | | | | | | | | | c) | | Anträge auf vermögenswirksame Leistungen und/oder Zusatzversorgungen | | | | | | | | | | | | | d) | Arbeitserlaubnis | |  | |
|  | | | | **Wichtig für Ihre Unterlagen sind:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | a)  b) | Zeugnisse  Führungszeugnis | | | | | c) | Nachweis Röteln-Test  (im Kindergarten) | | | | | | | | | | | | d)  e) | | | Kopie des Sozialversicherungs-Ausweises  ggf. Nachweis Untersuchung durch BAD | | | | | | | | | | | | | | |  | |
| 2. | | | | Füllen Sie bitte die **3. Seite** des Personalbogens **vollständig** aus, um Missverständnisse und Rückfragen unsererseits auszuschließen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Die Regionalverwaltung kann den Dienstvertrag nur erstellen und die Vergütung zahlbar machen, wenn die vollständigen Unterlagen vorliegen.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dieser Teil wird vom Vorstand / der Geschäftsführung ausgefüllt! 🡻** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | |
| Die Richtigkeit vorseitig genannter Beschäftigungszeiten und Berufsbezeichnungen werden hiermit bestätigt - **Originalunterlagen liegen vor!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | |
| Einstellung ab: | | | | | | |  | | | | | | Tätigkeit als: | | | | | | | |  | | | | | | | | | | | | |  |  |  |  | | |  | |  |
| ❒ | | unbefristet | | | | | | ❒ | | | | Befristet bis: | | | | | | | | |  | | | | | | | | | | | | |  |  |  |  | | |  | |  |
| Grund der Befristung: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | |
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| Entgeltgruppe: | | | | | | |  | | | | | | | Arbeitszeit: | | | | | | |  | | | | | | | Std. wöchtl./mtl. | | | | | | |  |  | | | | | | |
| Als entgeltrelevante Zeit wird angerechnet (Bezug: Tätigkeiten von Seite 2): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | |
| 1. | | | | | | | ❒ | ja | | | | | | ❒ | | | | nein | | | | | | | | | | | | | | | | |  |  | | | | | | |
| 2. | | | | | | | ❒ | ja | | | | | | ❒ | | | | nein | | | | | | | | | | | | | | | | |  |  | | | | | | |
| 3. | | | | | | | ❒ | ja | | | | | | ❒ | | | | nein | | | | | | | | | | | | | | | | |  |  | | | | | | |
| 4. | | | | | | | ❒ | ja | | | | | | ❒ | | | | nein | | | | | | | | | | | | | | | | |  |  | | | | | | |
| 5. | | | | | | | ❒ | ja | | | | | | ❒ | | | | nein | | | | | | | | | | | | | | | | |  |  | | | | | | |
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| ❒ | | | KV-Beschluss vom | | | | |  | | | | | | | | | ist beigefügt | | | | |  | | | | |  | | | | | | | |  |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  |  | | | | | | |
| Für Kitas und Jugendarbeit:  erweitertes Führungszeugnis ohne Eintrag liegt vor | | | | | | | | | | | | | | | | | | | | | | ❒ | | ja | | | | | | nein | | ❒ | | |  |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | |  | |  | | |  |  | | | | | | |
| Für alle weiteren Arbeitsbereiche:  Führungszeugnis ohne Eintrag liegt vor | | | | | | | | | | | | | | | | | | | | | | ❒ | | ja | | | | | | nein | | ❒ | | |  |  | | | | | | |
| Für alle Bereiche: | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | |  |  | | |  |  | | | | | | |
| MAV-Genehmigung ist beantragt ❒ am | | | | | | | | | | | | | | | | | | |  | | | | | liegt vor | | | | | | | | ❒ | | |  |  | | | | | | |
| Arbeitserlaubnis für Nicht-EU-Mitarbeitende liegt vor: | | | | | | | | | | | | | | | | | | | | | | ❒ | | Ja | | | | | | nein | | ❒ | | |  |  | | | | | | |
| Stellenbeschreibung soweit vom gesamtkirchlichen  Muster abweichend ist beigefügt ❒ | | | | | | | | | | | | | | | | | | | | | | wird nachgereicht | | | | | | | | | | ❒ | | |  |  | | | | | | |
| Pauschalierte Besteuerung? | | | | | | | | | | | | | | | | | | | | | | ❒ | | ja | | | | | | nein | | ❒ | | |  |  | | | | | | |
| Kircheneigene Wohnung? | | | | | | | | | | | | | | | | | | | | | | ❒ | | ja | | | | | | nein | | ❒ | | |  |  | | | | | | |
| - | Sollen die monatlichen Mietkosten von der Vergütung einbehalten werden? **🡺** Bitte Mietvertrag beifügen! | | | | | | | | | | | | | | | | | | | | | ❒ | | ja | | | | | | nein | | ❒ | | |  |  | | | | | | |
| - Wenn ja: | | | | | | Miete: | | |  | | | | | | EUR/mtl. | | | | | | Heizkosten: | | | | | | | |  | | | EUR/mtl. | | |  |  | | | | | | |
|  | | | | | | Nebenkosten: | | |  | | | | | | EUR/mtl. | | | | | |  | | | | | | | |  | | |  | | |  |  | | | | | | |
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|  | Ort, Datum | | | | | | | | | | | | | | |  | | | | Unterschrift des/der Vorsitzenden / Geschäftsführers/in | | | | | | | | | | | | |  | |  |  | | | | | | |
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