## Personnel Form for the State Administration of Hesse

Please fill in text fields in block letters. If there is not enough space, please attach separate sheets of paper.

Numbers 5, 7, and 8 are to be considered as absolutely <u>voluntary information</u>. For the optional numbers 7 and 8, evidence must be presented to the employer to support the information given.

All other data are mandatory as required by § 107 Para. 4 HBG, § 34 Para. 1 HDSG. Please note the additional guidelines.

1.	Surname	Academic degree (voluntary information)								
	First names (ple name usually us	First names (please state all first names exactly as spelt in your birth certificate, underline name usually used)						(Photo)		
	Name at birth		Can be provided on a voluntary basis.							
	Date of birth									
	Nationality		Other nationalit	ies		-				
	German	Year of ad	missio	on						
2.	School education	on, University education ar								
	Type of school, educational inst	academic program, itution	from – to	Type and da examination or o the class	ate of late of lea			final		
	State recognitio									
3.	Other examinat	ions (e.g. career developm	nent examinations)							
	Name of examination							Grade		
4.	in No. 2			incl. periods given						
	From – To	Employer/authority, type hours worked	public-seo	ctor er gnatio	mployment: pay on or job title					

5.	Special knowledge or skills											
	Language skills (beginner = 1, advanced = 2, fluent written and spoken knowledge/language certificate = 3)											
	Computer skills						Driver's license (class)					
	Other special knowledge and skills											
6.	Address (stre	Address (street and house number, post code and city/town, if applicable, also second residence)										
	Can be contacted by phone					Mobile				Email		
	Office number	on (area code and number		number)	)							
	Private number					(voluntary information)		(voluntary information)				
	Bank details	Bank details (Please also indicate IBAN and BIC!)										
7.	Disability * ☐ Yes					egree of disability *				Attested by, Ref. No.*		
8.	Disabled pers Yes Holder of an i		ss valid until *  n/admission certifi			nstreaming Yes	limit	ted (	Recognized by the Federal Employment Agency, Ref.No. *			
9.	☐ Yes							T	f hfit *			
<b>9</b> .	In receipt of benefits * ☐ No ☐ Yes							Type of benefit *				
	Authority responsible for pension determination *											
10.	Insured unde	r Public	Pension Scheme	*				Insu	ırance no.*			
	□ No		☐ Yes									
11.	Current civil s	status										
	Unmarried Married Civil parti				artner es, sin	ship nce *	Divorced/civil partnership dissolved since * Widowed/civil partnership deceased since *		Widowed/civil partner deceased since *			
12.	Surname or s	spouse/c	ivil partner, first n	ame *			Nam	e at	birth *		Date of birth *	
13.	Children *											
	Surname, first name *							Date of birth *				

\* To be provided to authority after employment.

14.	Parents, other legal representatives (only for minors)							
	Name		Name at birth					
	Address (only if different from No. 6)							
of m			ove is complete and correct. agree to my data being regula					
—Plac	e, date	Signature (for minors, the signarepresentative is also						

## **Appendix to Personnel Form**

- to be filled in by authority -

Name, first nam	e						
Personnel no.			thority no.		Date of hiring		
Regular working	g hours per week			I			
Seniority for sale	ary purposes/age bracket						
Anniversary 25 years		40	years		50 years		
					Period of service on the day of hiring		
	yment on the day of hiring (				(§ 20 BAT)		
Sworn in on		Oa	ath on		Obligation according to the law on Obligations of Public Servants on		
End of probation	nary period			1			
Official career in	n the State Administration						
From – To	Authority		Official designation/job title	Employment under (BaW/BaP/BaL/ BAT/MTArb)	Salary grade/ and pay cat./ wage group and no.	Function (e.g Head of Department, Case Officer,	

Part-time employment, leave of absence without pay (salary, compensation, wage)							
From – To	Nature and legal justification of leave of absence						
	held by the State Administration						
From – To	Туре	Day of exam	Results				
Secondary Activities							
From – To	Tyoe of secondary activity	Approved on/ registered on	Approved by				

Name	
First name	
Name at birth	
Date of birth	
on Convid	Declaration tions and Disciplinary Action as well as Pending Legal Proceedings
pending legal, invector (court/investigating a	victions and disciplinary action that have not been expunged as well as stigation or disciplinary proceedings I herewith declare as follows athority, reference number, type of criminal offense/breach of duty, date sciplinary action taken):
	of the aforementioned convictions, disciplinary action or pending legal or ceedings or investigations.
There is/are:	
I doctors the aforeme	ntioned information to be complete.
i deciare the alorente	moned information to be complete.
Place, date	Signature

## Note:

All convictions that are not subject to disclosure are specified in § 53 Bundeszentralregistergesetz (Act on the Central Criminal Register) in the version of its promulgation on September 21, 1984 (Federal Law Gazette (BGBI) I p. 1229, 1985 I p. 195) last amended by the Act of December, 82010 (BGBI. I, p. 1864). Remission by amnesty or pardon is not to be considered the same as expungement of conviction.