## Personnel form for the state administrative services in Hessen

Please complete the form in block capitals. If there is not enough space on the form, please attach separate sheets of paper. Nos 5, 7 and 8 are <u>optional</u>. Evidence must be provided to support the information given in response to optional Nos 7 and 8. All other information is required in accordance with Article 107 (4) of the German Commercial Code (HGB) and Article 35 (1) of the Hessian Data Protection Act (HDSG). Please note the additional instructions.

1.	Surname		Academic title (optional information)					
	First names (Ple	ease indicate all first name me by which you are usua	s as spelt on your birt Illy known )	h certificate and				
						Photog	graph	
						(Optio		
	Surname at birth	า				(	···	
	Date of birth		Place of birth, regio					
	Date of birtin		Flace of birtin, regic	on, country				
	Nationality		Other nationality					
	German		Guidi Hauonaity					
2.	School adjugation	n, university studies	Date of photograph					
2.			From to 0	No		de Carl	E a la sur da	
	Type of school, f educational esta	field of study, ablishment	From – to	Name and da qualification or			Final grade	
	educational cold			class		aving the		
	Officially recogn	ised						
3.	Other qualification	ons (e.a. career examinatio	ons)					
5.	Other qualifications (e.g. career examinations)       Name of examination     Date     Grade					Grade		
	Name of examin	lation				Date	Glade	
4.	Occupation including professional training, military/community service, periods of unemployment – without dates under No 2						dates under No 2	
	From - to Employer/place of employment, type of occupation, part- In public service only: pay grade, official						pay grade, official	
		time position with number of hours worked per week designed				esignation		

5.	Special knowledge or skills							
	Language skills (beginner = 1, advanced = 2, spoken and written fluency/language certificate = 3)							
	Computer skills Driving licence (class)							
					-			
	Other special know	ledge or skills						
6.	Address (street and house number, postcode and place, if relevant also secondary residence)							
	Auress (street and nouse number, postcode and place, in relevant also secondary residence)							
		Telephone number	r for contact	Mobile			Emai	1
	Business	(Area code and nu	mber)					
	Duomoco							
	Private			(Optiona	I)		(Opti	onal)
	Bank details							
					1117 4			· · · · · · · · · · · · · · · · · · ·
7.	Severe disability* Degree of disability* Attested by, record No*   Yes %					-		
	Disabled person's pass valid until* Mainstreaming short-term until* Recognised by the Federal Employment Agency, record No*							
8.	In possession of ar	n incorporation certif	icate or certifi	icate of app	proval*			
9.								
	Pension determinir	ng and settlement au	uthority*					
10.	Insured in a statuto				Insu	urance number*		
	No Yes							
11.	Current civil status							
	Unmarried Marri	ied ′es, since*	Civil partner		Divoro dissol	ed/civil partners ved since*	hip	Widowed/registered partner deceased since*
12.	Surname of spouse	e/civil partner, first n	ame*		Surname	e at birth*		Date of birth*
13.	Children*							
	Surname, First name*					Date of birth*		
						1		

<sup>\*</sup>Evidence to be presented to place of employment following appointment.

14.	Parents, other legal representatives (minors only)				
	Surname	Surname at birth			
	Address (if different from No 6)				

I hereby give my assurance that the information provided above is complete and accurate. I have taken note that my data will be entered into the SAP HR system. I agree to the above information being updated regularly by the relevant administrative department.

Place, date

Signature (In the case of minors, the signature of the legal representative is also required.)

Surname	
First name	
Surname at birth	
Date of birth	

## Declaration

## regarding court sentences, disciplinary measures and current legal proceedings

With regard to unexpired legal convictions, unexpired disciplinary measures and pending criminal, investigative or disciplinary proceedings, I hereby provide the following information (court/investigating authority, file number, type of crime/malfeasance in public office, date, extent/volume of penalty, type of disciplinary measure):

None of the aforementioned convictions, disciplinary measures or pending criminal, investigative or disciplinary measures exist.

The following exist:

I hereby declare that the foregoing information is complete.

I undertake to communicate any criminal or investigative procedure initiated against me and every court conviction.

Place, date

Signature

Note

The convictions not subject to the duty of disclosure are taken from Article 53 of the Federal Central Register Act, in the version of the announcement of 21 September 1984 (Federal Law Gazette I, p 1229, 1985 I, p 195) last amended by the Act of 8 December 2010 (Federal Law Gazette I, p 1864). Remission by pardon or amnesty is not the equivalent of discharging a conviction.