



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 knowledge or skills					
6.	Address (street and house number, postcode and place, if relevant also secondary residence)					
	Telephone number for contact (Area code and number)		Mobile	Email		
	Business					
	Private		(Optional)	(Optional)		
	Bank details					
7.	Severe disability* <input type="checkbox"/> Yes	Degree of disability* %	Attested by, record No*			
	Disabled person's pass <input type="checkbox"/> Yes	valid until* <input type="checkbox"/> Yes	Mainstreaming short-term until* <input type="checkbox"/> Yes Recognised by the Federal Employment Agency, record No*			
8.	In possession of an incorporation certificate or certificate of approval* <input type="checkbox"/> Yes					
9.	In receipt of benefits* <input type="checkbox"/> No <input type="checkbox"/> Yes	Type of benefits*				
	Pension determining and settlement authority*					
10.	Insured in a statutory pension fund* No <input type="checkbox"/> Yes <input type="checkbox"/>	Insurance number*				
	11. Current civil status					
	Unmarried <input type="checkbox"/> Yes	Married <input type="checkbox"/> Yes, since*	Civil partnership <input type="checkbox"/> Yes, since*	Divorced/civil partnership dissolved since*	Widowed/registered partner deceased since*	
12.	Surname of spouse/civil partner, first name*		Surname at birth*	Date of birth*		
	13. Children*					
	Surname, First name*			Date of birth*		

\*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.

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Place, date

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

Fill-out here

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.