

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 (street and house number, post code and city/town, if applicable, also second residence)		
	Can be contacted by phone on (area code and number)		Email
	Office number	Mobile	
	Private number	(voluntary information)	(voluntary information)
	Bank details (Please also indicate IBAN and BIC!)		
7.	Disability * <input type="checkbox"/> Yes	Degree of disability *	Attested by, Ref. No.*
	Disabled persons pass valid until * <input type="checkbox"/> Yes	Mainstreaming limited until * <input type="checkbox"/> Yes	Recognized by the Federal Employment Agency, Ref.No. *
8.	Holder of an inclusion/admission certificate * <input type="checkbox"/> Yes		
9.	In receipt of benefits * <input type="checkbox"/> No <input type="checkbox"/> Yes	Type of benefit *	
	Authority responsible for pension determination *		
10.	Insured under Public Pension Scheme * <input type="checkbox"/> No <input type="checkbox"/> Yes	Insurance no.*	
	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/civil partner deceased since *
12.	Surname or spouse/civil partner, first name *		Date of birth *
	Name at 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)	

I herewith declare that all information provided above is complete and correct. I have taken note of my data being stored in the SAP HR system. I agree to my data being regularly updated by the HR department.

Place, date

Signature
(for minors, the signature of the legal representative is also required)

Name _____
First name _____
Name at birth _____
Date of birth _____

**Declaration
on Convictions and Disciplinary Action as well as Pending Legal Proceedings**

With reference to convictions and disciplinary action that have not been expunged as well as pending legal, investigation or disciplinary proceedings I herewith declare as follows: (court/investigating authority, reference number, type of criminal offense/breach of duty, date, sentence imposed, disciplinary action taken):

- There are none of the aforementioned convictions, disciplinary action or pending legal or disciplinary proceedings or investigations.
- There is/are:

I declare the aforementioned 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 (BGBl) I p. 1229, 1985 I p. 195) last amended by the Act of December, 82010 (BGBl. I, p. 1864). Remission by amnesty or pardon is not to be considered the same as expungement of conviction.