

Staff questionnaire for student employees



Please mark with a cross where applicable.
Please write clearly!

I. Personal details

Surname (name at birth, if applicable), forename(s): _____

Elective forename (please attach copy of DGTI ID card): _____

male female diverse not specified

Street, house number: _____

Postcode, town/city: _____

Telephone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____

Severely disabled no yes, ___ % degree of disability severely disabled status

(For the options „yes" and „severely disabled status", please attach proof.)

Marital status: single

married since _____ divorced since _____

registered partnership since _____

widowed since _____

(For the options „married" and „registered partnership", please attach proof.)

Children (name, forename(s), date of birth)

(Please attach copy of birth certificate(s).)

Social security number: _____

I am a member of the following health insurance scheme _____

family coverage private insurance statutory insurance
insurance certificate attached yes no, to be submitted later

If you are not currently and were not previously covered by statutory health insurance (excluding private health insurance), then please submit a copy of the "certificate of exemption from the obligation to hold health insurance." (This certificate is required for enrolment at a university.) Students from states with which a social security agreement is in place will receive this certificate once they have submitted an insurance certificate and the entitlement document (E109, E111 or E128) to their health insurance scheme.

II. Academic details

Enrolled at Humboldt-Universität another university: _____

Field of study: _____

No. of semesters since enrolment: _____ No. of semesters in current programme: _____

(Please attach proof of current enrolment with details of university-/subject semester and status.)

Current highest degree of education (field of study, when, where)

(Please attach proof.)

German/foreign diploma _____

Magister _____

German/foreign state exam _____

Bachelor _____

Master _____

School-leaving qualification(s)

Description of final examination: _____

passed on: _____

Vocational training

Description of final examination: _____

passed on: _____

II. Declaration of prior employment in order to determine the permissible duration of employment pursuant to § 6 of the Act on Temporary Employment in Higher Education (WissZeitVG)

Please indicate all periods of fixed-term employment as **a student employee at a German university or (predominantly) public research institute (including private employment contracts)**.

Employer	Start date	End date	Monthly working hours

I ensure that the details above are both complete and correct. I am aware that, in the event of employment, false details may lead to dismissal without notice.

I agree to inform my HR office of any and all changes to the details above both immediately and without being prompted.

I consent to the storage of personal data during my employment at Humboldt-Universität zu Berlin to the extent that is necessary to the fulfilment of the duties of my employer.

Date, signature