

Personnel form for apprentices



I. Personal status

<input type="checkbox"/> Ms. Surname, first name <input type="checkbox"/> Mr.		Recent photograph	
Middle name(s)	Birth name		
Date of birth	Place of birth		
District/country			
Marital status			
<input type="checkbox"/> Single	<input type="checkbox"/> Married since		<input type="checkbox"/> Divorced since
Nationality(ies)	Previous nationality(ies), if any		
Since when have you been living in Germany?	Religion (optional)		
Resident in (street, house number, postcode, town/city)			Telephone number (during the day)
			E-Mail
Spouse			
Surname, first name			Date of birth
Birth name			
Children			
Surname, first name	Date of birth	Comment*	

* child, foster child

II. Particular personal circumstances

Severely disabled (§ 2 of the German Social Code, Part IX, SGB) <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No	Notice of acknowledgement / notification of equivalence dated	Level of disability (out of 100)
Do you need any tools supporting you - description (please use following lines)?		
Are you in good health and in a position to perform all employment-related duties (e.g. also including employment-related travel, etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

1) Please provide corresponding evidence.

III. School education, university education

Schools, universities or training institutes attended

Name		From	To
Type	Place	Examination	Result ²
Name		From	To
Type	Place	Examination	Result ²
Name		From	To
Type	Place	Examination	Result ²
Name		From	To
Type	Place	Examination	Result ²

IV. Previous professional experience (all positions incl. temporary employment, etc.)

Please complete the table in full and provide evidence of the periods specified. Periods of absence e.g. special leave, parental leave, etc. must also be specified.

As (type of employment)	From – to (day/month/year)		
With (name of employer ³)	Duration <input type="checkbox"/> FT <input type="checkbox"/> PT ⁴	Hours per week	Salary bracket ⁵
As (type of employment)	From – to (day/month/year)		
With (name of employer ³)	Duration <input type="checkbox"/> FT <input type="checkbox"/> PT ⁴	Hours per week	Salary bracket ⁵
As (type of employment)	From – to (day/month/year)		
With (name of employer ³)	Duration <input type="checkbox"/> FT <input type="checkbox"/> PT ⁴	Hours per week	Salary bracket ⁵

2) If final examinations were not offered or not completed at the school specified (high school, vocational and commercial colleges, etc.), specify here the number of school years successfully completed at this school.

3) Please provide the exact name of the place of employment without using abbreviations.

4) FT: Full-time, PT: Part-time

5) In the case of public service employment, please also specify the salary bracket / grade.

V. Criminal / Investigation proceedings

Are you currently the subject of criminal / investigation proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have prior convictions? (Any convictions which are not registered in the German Federal Central Criminal Register, which are not to be recorded in the Certificate of Good Conduct, or which are to be erased, need not be disclosed.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other information		

VI. Loyalty to the German Constitution

<p>I acknowledge receipt of the list of extremist or extremist-influenced organizations provided to me (see Questionnaire for the assessment of loyalty to the German Constitution). If the information provided in this questionnaire has changed or will change, I undertake to notify Human Resources without delay.</p>	<p>This also applies in case I am transferred, with or without a temporary interruption, to a employment or <i>Beamte</i> position. The current version of the a.m. list may be found in TUM's services directory (<i>Dienstleistungskompass</i>) under <i>Verfassungstreue</i>.</p>
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I hereby affirm that I have provided the information given on pages 1 – 3 of the personnel form in good faith and confirm that this information is accurate. I am aware that intentionally providing incorrect information will result in instant termination or proceedings to terminate the articles of apprenticeship. In all cases, I will be held liable and responsible for incorrect information provided through negligence and/or for incomplete information.

I confirm that I have read and understood the data protection information on collecting and processing personal data in connection with recruiting and employment in accordance with Art. 13 of the General Data Protection Regulation of the European Union (GDPR). Access to our privacy policy is provided in the services directory (*Dienstleistungskompass*) under the heading "*Datenschutz – Personalverhältnisse*" at <https://portal.mytum.de/kompass>.

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Place, date

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Signature (first name and surname written in full)