

**Personnel sheet for the Hessian state administration**

Please fill in the writing fields in block letters. If there is not enough space, please use a neutral sheet.  
 In the case of Nos. 5, 6 and 8, the information is basically voluntary. In the case of No. 6 and 8, the information must only be provided after the service has been notified, which is in principle voluntary.  
 The other information is required by Section 86 (4) HBG, Section 34 (1) HDSG. Please note the other information.

1.	Name		academic degree (optional)		(photo) The submission of a photograph is voluntary.
	First names (please state all first names in the spelling of the birth certificate, underline first names)				
	Birth name				
	Date of birth		Birthplace, county, country		
	Nationality German <input type="checkbox"/>		Other nationality		
2.	School education, university and technical college studies				Year of admission
	Type of school, field of study, training center	from - to	Name and date of final examination or departure from class		Grade of the final exam
	State recognition				
3.	Other examinations (for example, career examinations)				
	Name of the test			Date	Note
4.	Professional activity incl. vocational training, military/civilian service, periods of non-employment - excluding periods according to No. 2				
	from - to	Employer/office, type of work, part-time employment with number of hours		In the civil service only: grade/compensation/wage group, title of office or position.	
5.	Special knowledge or skills				
	Language skills (beginner = 1, advanced = 2, fluent in spoken and written language/language certificate = 3)				
	PC skills		Driving license (class)		
	Other special knowledge and skills				
6.	<input type="checkbox"/> Holder of an integration or admission certificate* Yes				

7.	Address (street and house number, postal code and city, if applicable also 2nd residence)		
	Reachable by phone at (area code and phone number)		mobile
	official		E-mail
	private		(voluntary information)
Bank details			
8.	Severely disabled g* <input type="checkbox"/> Yes	Degree of disability* v. H.	Determined by, Az.*
	Severely disabled pass valid until* Yes <input type="checkbox"/>	Equality limited until* Yes <input type="checkbox"/>	Recognized by the Federal Employment Agency, Ref.*
9.	Beneficiary/beneficiary* No <input type="checkbox"/> Yes <input type="checkbox"/>	Type of pension*	
	Pension authority*		
10.	Insured/insured person in the statutory pension insurance*. No <input type="checkbox"/> Yes <input type="checkbox"/>	Insurance number*	
	Current marital status		
11.	single <input type="checkbox"/> Yes <input type="checkbox"/> No	married <input type="checkbox"/> Yes, since*	Civil partnership Yes, <input type="checkbox"/> since*
	Divorced/life partnership annulled since*		widowed/life partner deceased since*
12.	Name of spouse, civil partner, first name*.	Birth name*	Date of birth*
	Children*		
13.	Name, first name*	Date of birth*	
14.	Parents, other legal representatives (only for minors)		
	Name	Birth name	
	Address (if different from no. 6)		

I certify that the above required information is complete and true. I have taken note of the inclusion of my data in the SAP HR system.

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\* Provide evidence to the department upon hire.

I have taken note of this. I agree to the continuous updating of the above information by the personnel administration office.

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Place, date

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Signature  
(in case of minors also the signature of the  
legal representatives)