

Employee Information Form

1	<p>Last Name (Former surname, if applicable):</p> <p>Academic Degree: (i.e. Dr.jur., Dr.techn. etc.)</p> <p>First Name(s):</p> <p>Sex (m/f/d):</p> <p>Social Insurance Number:</p> <p>Contact Information: (Phone number, e-mail address)</p> <p>IBAN:</p> <p>BIC:</p>	
2	<p>Date of Birth: on:</p> <p style="padding-left: 200px;">in:</p> <p style="padding-left: 200px;">(include country)</p>	
3	<p>Residential Address: (Street, address, postal code, city)</p>	
4	<p>Nationality:</p> <p>Additional Nationalities:</p>	
5	<p>Marital Status: (single, married, widowed, divorced, registered partnership)</p>	
6	Family Members (the information is not mandatory)	
	First and Last Name	Social Insurance No.
	Date of Birth	
7	<p>Completed military or alternative civil service:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
8	<p>Secondary Employment:</p> <p><input type="checkbox"/> Yes¹ <input type="checkbox"/> No</p>	

¹ Complete the corresponding form upon starting employment

9	Individual beneficiary under the Disability Employment Act and percentage of disability: Notification Information: (Authority, number, date)	
10	Required Documents for General University Personnel (if not already submitted) <ul style="list-style-type: none"> <input type="checkbox"/> Birth certificate <input type="checkbox"/> A passport copy <input type="checkbox"/> Insurance information summary² <input type="checkbox"/> Highest academic diploma <input type="checkbox"/> Available employment records and/or references <input type="checkbox"/> Confirmation of bank details³ 	Required Documents for Academic University Personnel (if not already submitted) <ul style="list-style-type: none"> <input type="checkbox"/> Birth certificate <input type="checkbox"/> A passport copy <input type="checkbox"/> Academic Diploma(s), Doctorate Degree Diploma <input type="checkbox"/> Available employment records and/or references <input type="checkbox"/> Confirmation of bank details²
11	Notes (if applicable also to continue columns 1-10)	

I hereby confirm that I have answered the above questions to the best of my knowledge and ability and have signed this form personally. I am aware that any information given in breach of the truth may be subject to prosecution under civil and criminal law.

....., on 20.....
Signature

² Submit a request to your former insurance provided, such as the OÖGKK

³ For example, a request for cashless salary payments, a copy of your ATM card (black out any sensitive information)