

Statement on employment relationship

To be completed by workers from third countries



Note Please fill in or tick where applicable.

Important The form is to be submitted to the responsible foreign representation or immigration authority to apply for a residence permit for the purpose of employment, or to issue a work permit for those with permission or tolerated status or holders of a residence permit that does not allow employment by law. This form is also to be submitted to the Federal Employment Agency to apply for prior approval or a work permit. In order to issue the residence permit, the foreign representation or immigration authority must usually obtain approval from the Federal Employment Agency.

This declaration also includes the information required for the approval of the Federal Employment Agency. The responsible foreign representation or immigration authority forwards this information to the Federal Employment Agency for verification. With this declaration, the employer confirms bindingly that he is offering the foreign worker named under "Section B" a specific job (Section 18 Paragraph 2 No. 1 of the Residence Act). The employment contract must only be presented if the foreign representation or immigration authority specifically requests it. The employer also assures that the employment will actually be carried out (Section 18 Paragraph 2 No. 4a of the Residence Act).

In the event of an extension or a change of employer, please submit: copies of wage/salary slips for the first two and the last two months. In the event of an extension, it is not necessary to submit proof of qualifications again.

I am aware that the authorities involved in the residence permit procedure may request further information and evidence.

Anyone who employs a foreign worker in Germany must notify the immigration authorities within four weeks if the employment has been terminated prematurely (Section 4a Paragraph 5 Sentence 3 No. 3 Residence Act).

I am aware that the employer who is to employ or is currently employing a foreigner and who requires or has received approval for this must provide the Federal Employment Agency with information about pay, working hours and other working conditions (Section 39, Paragraph 4 of the Residence Act). Employers who employ foreigners must provide this information to the Federal Employment Agency upon request, even if the approval of the Federal Employment Agency was not required.

I am aware that foreign workers may only be employed if they are in possession of a residence permit, a work permit for the purpose of seasonal employment or a residence permit or toleration permit which states that employment is permitted.

Anyone who, in the process of obtaining approval from the Federal Employment Agency, intentionally or negligently provides incorrect, Anyone who provides incomplete, late or no information is committing an administrative offence (Section 404 Paragraph 2 No. 5 of the Third Book of the Social Code - SGB III). Anyone who provides incorrect or incomplete information in order to obtain a residence permit or a toleration permit for themselves or another person or to prevent it from expiring will be punished with a fine or imprisonment (Section 95 Paragraph 2 No. 2 of the Residence Act).



A. Explanation and reason

1 Statement of employment relationship for submission in the following procedure:

for the granting of a residence permit for the purpose of employment

to consent to the employment of persons with tolerated status or residence permit

(Please only answer questions 3 to 22, 24 and 25, 37 to 51 and 57 to 59)

to agree to a residence permit that does not allow employment

for the granting of a preliminary approval by the Federal Employment Agency

for the granting of a work permit from the Federal Employment Agency

2 Reason for submitting the declaration:

First issue

renewal

Change of employer

B. Information about the employee

3 First name(s)

4 Last name

5 Date of birth (DD.MM.YYYY)

6 Gender

masculine

female

various

7 Nationality

8 Current residence or habitual abode abroad or in Germany:

9 Since when has the residence/habitual abode existed?

Since (DD.MM.YYYY)

C. Information about the employer

10 Company

11 Street

12 House number 13 Postal code

14 Location

15 Contact person

16 Telephone

17 Email

18 Fax

19 Company number of the employing company (please always enter)

20 Was the company founded in the last 24 months?

Yes

No

D. Information on the employee's employment

21 Please provide information about the start of employment in Germany:

The employment relationship begins on (DD.MM.YYYY)



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22 Term of employment:

permanent limited until (DD.MM.YYYY)

23 Should the employee be assigned to a third party?

Yes No

24 Please provide information about the place of work:

Place of work corresponds to the employer's headquarters

Employee is employed at changing work/deployment locations

The place of work is located at the following address:

25 Job title and description of the activity (please provide a detailed description of the activity; field of expertise, Indicate functional area and industry; continue on a separate sheet if necessary):

E. Information on the employee's qualifications

(Please enclose proof and translation in German)

The employee does not have a degree.

The employee has a university degree.

26 Name of the course:

27 Where was the university degree obtained?

28 If the degree was obtained abroad: Is the degree officially recognised in Germany or in the country in which it was obtained or is it comparable to a German university degree?

Yes (please provide proof) No

29 Proof of recognition or equivalence for a university degree is available in the following form:

The employee has vocational training.

30 Name of the vocational training:

31 Where was the vocational training acquired?

32 If the training was acquired abroad: Has the German authority responsible for professional recognition Has the equivalence of the foreign professional qualification been established or is the professional qualification officially recognised in the country in which it was acquired?

Yes (please provide proof) No Partially (please provide proof)

33 Proof of recognition or equivalence for vocational training is available in the following form:



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Other qualifications and further information

34 Please indicate any other qualifications or facts that are relevant for the performance of the employment, such as: tertiary education qualifications, qualifications from a German Chamber of Commerce Abroad, Further training certificates, relevant knowledge, skills, professional experience (if applicable on a separate Continue sheet):

To the best of my knowledge, the activity does not require any qualified vocational training (the regular training period is at least two years) or a university degree; for example, because it is an assistant or trainee activity or because the employment is to take place on the basis of a specific provision of the Employment Ordinance, according to which a specific qualification is not required.

F. Information on the licence to practice the profession

35 If the practice of the profession is tied to a specific qualification or a permit (for example Section 10 BÄO for the medical profession, Section 1 of the Nursing Professions Act for nursing professionals, state regulations for nursing assistants or a comparable permit to use the professional title)?

Yes No (continue to section G.)

36 Please indicate the required qualification or permit (please provide evidence):

G. Information on working hours

37 What working hours does the employee have?

Full time Part-time Marginal employment

Hours worked per week

H. Overtime

38 Is the employee obliged to work overtime?

Yes No (continue with section I.)

39 Overtime 40 Overtime compensation through:

I. Holiday entitlement

41 How many working days are entitled to per holiday year?

J. Remuneration

42 Is the employer bound by a collective agreement (Section 3 or Section 5 of the Collective Agreements Act (TVG))?

Yes No (continue with 46)

43 Is the employee employed under the applicable collective agreement working conditions?

Yes No (continue with 46)

44 Collective Agreement

45 Pay group



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46 Amount and method of calculation of remuneration:

per hour salary (gross in Euro)

per month salary (gross in Euro)

47 Other forms of remuneration:

additional monetary benefits

48 Type of monetary benefit

49 Amount of the monetary benefit (gross in euros)

other calculation (e.g. variable remuneration)

50 Type of variable remuneration

51 Amount of variable remuneration (gross in euros)

K. Domestic employment relationship

52 Is the employee subject to social insurance contributions in Germany?

Yes (continue with 54)

No

53 If no, please give reasons (please also state the reason or, if applicable, the reasons if there is no compulsory insurance in certain insurance branches):

54 Does the obligation to pay social insurance in Germany not exist in whole or in part because of an exception agreement between the German Liaison Office for Health Insurance – Abroad (DVKA) and the foreign social insurance?

Yes (please provide proof)

No (continue with section L.)

55 Please specify the form of proof:

56 Space for additional information:

L. Signature

All information in this form corresponds to the content of the employment contract concluded between the designated company and the applicant. I am aware that this form can be passed on to third parties (municipality, joint institution according to SGB II) to search for preferential applicants if a priority check is carried out.

The Federal Employment Agency's data protection information can be found at: www.arbeitsagentur.de/datenerhebung

The accuracy of the information is confirmed by date and signature.

57 Location

58 Date

59 Signature of employer/authorized representative



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