



**Additional Personal Data**

Title  Ms.  Mr. Academic title \_\_\_\_\_

Last name/first name \_\_\_\_\_ | \_\_\_\_\_

Preferred name \_\_\_\_\_ (will be used in your e-mail address)

Date of birth \_\_\_\_\_ Marital status \_\_\_\_\_

Religious denomination \_\_\_\_\_

Home phone \_\_\_\_\_ Nationality \_\_\_\_\_

Private e-mail address \_\_\_\_\_

Home address \_\_\_\_\_

Work and residence permit  
*Must be filled out by non-Swiss employees. Please always enclose a copy of your foreign national identity card. Cross-border commuters must enclose proof of residence from their place of residence.*

Type of identification \_\_\_\_\_  Married to CH or holder of a C permit

Social insurance card \_\_\_\_\_  
*Please enclose a copy of your social insurance card*

**Bank Account Information for Salary Payments**

IBAN \_\_\_\_\_ | Country \_\_\_\_\_  
*Name of employee and account holder must be identical.*

Are you already insured with BVK pension fund through any other employer?  
\_\_\_\_\_

**More Information**

Eligible for Lunch Checks?  
*See the regulations on Lunch Checks (in German only).*

yes  no

If yes, would you like to receive Lunch Checks?  
 yes  no

Are you employed elsewhere at the University of Zurich (including third-party or National Foundation positions)?  
 yes *Please enclose copy of employment/by mean of on order*  no

Have you been employed at the University of Zurich in the past?  
 yes *Please enclose copy of employment/by mean of on order*  no

Were you employed by the Canton of Zurich before 30 June 1999?  
 yes *Please enclose copy of employment/order*  no

Are you eligible to receive family allowance?  
 yes *Send application form to Human Resources.*  no

Do you have secondary employment/do you hold public office?  
 yes *Complete and enclose application form "Secondary Employment."*  no

Do you perform military/civil service?  
 yes *Send compensation for loss of earnings card (EO-Karte) to Human Resources after serving.*  no

**Comments**

\_\_\_\_\_

Optional information: Person/phone number to call in case of emergency.  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of employee \_\_\_\_\_