



Affordable Engineering Services, Inc
– High Quality, Quick Response, Low Cost –
Test Engineering, Reliability/Safety, Circuit Design, Software
Design, QA, Logistics

**AFFORDABLE ENGINEERING
SERVICES, Inc**

FORM

Personal Data Form

INSTRUCTIONS. This form is to be completed by all new employees and existing employees to record/update personal data.

EMPLOYEE INFORMATION

Employee's Name (Last, First, Full Middle)

Employee ID #

Preferred Title (Dr., Mrs., Ms., Mr.)

Hire Date

REASON FOR SUBMISSION

New Hire

Update/Change

MARITAL STATUS (Contact your HR Representative or local admin support to determine other forms required in the event of a change in marital status.)

Single

Married

Divorced

Widowed

Effective Date of Change

HOME ADDRESS/PHONE (P.O. Box only is not sufficient)

Street

City

County

State

Zip Code

Home Phone (include area code)

Cell Phone (include area code)

Please do not publish my cell phone #

Email Address*

I understand it is my responsibility to remain abreast of AES employment policies, procedures, practices, benefits, or other information that AES deems necessary. I do not wish to receive any AES email notifications to my personal email account and understand that if no work email address is available, that I may not receive all the information necessary to stay abreast of AES employment policies, procedures, practices, benefits, or other information that AES deems necessary.

WORK/SUPERVISOR DATA

AES Work Site

Work Phone (include extension)

Work Email address*

AES Immediate Supervisor Name

**AES's preferred method of communicating with employees is via email notifications. In the event a work email is not available, MRC/WFI will direct email notifications to your personal email address on record unless otherwise indicated in the previous section.*

EMERGENCY NOTIFICATION DATA (To be contacted in case of emergencies. For phone numbers, include area code and extension.)

PRIMARY

Full Name

Relationship

Home Phone

Work Phone

SECONDARY

Full Name

Relationship

Home Phone

Work Phone

EMPLOYEE SIGNATURE

I understand that it is my responsibility to keep AES informed of any changes to the above information, and should submit any changes via this form.

I wish to have email notifications from AES or from Benefit administrators directed to (please check one):

- My work email address
- My home email address

Employee Signature

Date

Human Resources Use Only

CP/Payroll updated _____
Date

Work-life benefits providers notified _____
Date

_____ Initials, HR Representative