



# MOUNT SINAI HEALTH SYSTEM NEW FACULTY APPOINTEE DATA SHEET

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
(print) (print)

## SECTION I: CONTACT INFORMATION

### A. WORK

Department: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Institution Name: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

Additional Office Mailing Information, if any (e.g. Box #): \_\_\_\_\_

### B. HOME

Phone: ( ) \_\_\_\_\_  
 Apt./P.O. Box \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In accordance with Affirmative Action, as a faculty member of the Mount Sinai School of Medicine, an Affirmative Action institution, I am identifying myself as:

#### GENDER

- Male
- Female
- I choose not to respond

#### ETHNICITY

- Are you Hispanic or Latino?
- No, Not Hispanic or Latino
  - Hispanic or Latino
- regardless of race.
- I choose not to respond

#### RACE

What is your race? Select one of the following categories:

- White (Not Hispanic or Latino)  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino)

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A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent

Vietnam

American Indian or Alaska Native (Not Hispanic or Latino)

who maintain tribal affiliation or community attachment

Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

I choose not to respond

*To be Completed by Human Resources:*

LIFE # \_\_\_\_\_ POSITION CODE: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_ DEPARTMENT CODE: \_\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_

COMPANY: \_\_\_\_\_

Revised Dean's Office 6/14