



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 _____

SECTION II: AFFIRMATIVE ACTION IDENTIFICATION

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

RACE

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

- White. (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- Black or African American (a person having origins in any of the black racial groups of Africa)
- Two or more races (a person who identifies with more than one of the five races)
- Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam)
- American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America including Central America)
- Native Hawaiian or Pacific Islander
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:*** _____

EFFECTIVE DATE: _____ ***COMPANY:*** _____

Revised Dean's Office 11/17