MOUNT SINAI HEALTH SYSTEM
NEW FACULTYAPPOINTEE 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

ETHNICITY

Are you Hispanic or Latino?
☐   No, Not Hispanic or Latino
☐   Hispanic or Latino
    A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin 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)
    A person having origins in any of the black racial groups of Africa
☐   Two or more races (Not Hispanic or Latino)
    A person who identifies with more than one of the five races

☐   Asian (Not Hispanic or Latino)
   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, Maylasia, Pakistan, the Philippine Islands, Thailand and Vietnam

☐   American Indian or Alaska Native (Not Hispanic or Latino)
   A person having origins in any of the original peoples of North and South America(including Central America), and 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: _____

EFFECTIVE DATE: _____   COMPANY: _____

Revised Dean's Office 6/14