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 #): ____________________________

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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, Malaysia, 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 Other 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