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

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