

**HOUSESTAFF DATA SHEET**

NAME: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_

BIRTH PLACE: \_\_\_\_\_ IF NOT USA, LOCATION: \_\_\_\_\_  
(city, state) (country)

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

ETHNIC CODE(S): \_\_\_\_\_

**ETHNIC CODES (write appropriate code on line above)**

AB – BLACK (not of Hispanic origin) - A person having origins in any of the Black racial groups of Africa

BH – HISPANIC – A person of Cuban, Central or South American or other Spanish culture or origin

BM – HISPANIC – Mexican American or Chicano

BP- HISPANIC – Puerto Rico (Mainland)

BR – HISPANIC – Puerto Rican (Commonwealth)

CW – WHITE (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East

DO – ASIAN OR PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, The areas include China, Japan, Korea, Philippine Islands, and Samoa.

EL – AMERICAN INDIAN OR ALASKAN NATIVE – A person having origins in North America and who maintains cultural identification through tribal affiliation or community recognition.

I DO NOT wish to disclose my ethnicity: \_\_\_\_\_  
(check)

VISA TYPE (If applicable): \_\_\_\_\_ NUMBER: \_\_\_\_\_  
(all visas must be viewed by a member of Human Resources)

ISSUE DATE: From \_\_\_\_\_ To: \_\_\_\_\_  
(m/yr) (m/yr)

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NAME OF MEDICAL SCHOOL: \_\_\_\_\_

STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_ TYPE OF MEDICAL DEGREE: \_\_\_\_\_

NEW JERSEY MEDICAL LICENSE #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ EXP DATE: \_\_\_\_\_  
(if applicable) (m/yr) (m/yr)

Graduates of Medical Schools located outside the United States and Canada must provide Fifth Pathway or ECGMG information as applicable:

FIFTH PATHWAY: \_\_\_\_\_ DATES: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Institution Name City/State) (m/yr) (m/yr)

ECGMG CERTIFICATION NO: \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXP DATE \_\_\_\_\_  
(Please attach copy of your ECGMG Certificate)

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There are a number of situations in which the RJWMS is asked to verify certain aspects of your employment & salary history. We consider this type of information to be confidential and will not be released, except to authorized government agencies, without your consent. Requests for information come to us, for example, when you apply for credit or mortgage, life insurance, or when you want to rent an apartment. If you sign this blanket authorization RWJMS will respond to all inquiries regarding your employment & salary history whether or not they are accompanied by a signed release. If you do not give us blanket authorization to release information, we will not respond. Please sign A or B below:

- A. I Authorize RWJMS to respond to any inquiry about my employment & salary history and to supply all information requested by the inquiry.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- B. I do NOT authorize RWMJS to release any information unless the request for such information is accompanied by my signed release.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_