Weill Cornell Medical College

Human Resources Department
575 Lexington Avenue
New York, New York 10022
Phone: (646) 962-9247
Fax: (646) 962-0132

Temporary Employee Personal Data Form

Please complete all information.

(A) Personal Information (Please Print)

Social Security Number | Last Name, First Name, Middle Name | Marital Status

Sex: ◯ Female ◯ Male

Date of Birth

Permanent Address (must be the same as on tax forms) | City | State | Zip Code

Mailing Address (if different from permanent address) | City | State | Zip Code

Home Phone Number | Cell Number

(B) Emergency Contact

Name | Relationship

Address | City | State | Zip Code

Telephone Number

(C) Work Location (please choose one)

- ☐ 1300 York Ave., NY, NY 10065
- ☐ 1305 York Ave., NY, NY 10065
- ☐ 1320 York Ave., NY, NY 10065
- ☐ 575 Lexington Ave, NY, NY 10022
- ☐ 2315 Broadway, NY, NY 10024
- ☐ 525 East 68th St., NY, NY 10065
- ☐ 520 East 70th St., NY, NY 10065
- ☐ 425 East 61st St., NY, NY 10065
- ☐ 12 West 72nd St., NY, NY 10023
- ☐ 123 West 185th St., NY, NY 10024
- ☐ 428 East 72nd St., NY, NY 10021
- ☐ 445 East 69th St., NY, NY 10065
- ☐ 402 East 67th St., NY, NY 10065
- ☐ 211 East 80th St., NY, NY 10075
- ☐ 156 Williams St., NY, NY 10038
- ☐ Other (please complete below)

Please complete below:

Address | City | State | Zip Code

Telephone # | Fax # | Room # | Box #

(PLEASE TURN OVER AND COMPLETE PAGE 2)

Weill Cornell Medical College

Human Resources Department
575 Lexington Avenue
New York, New York 10022
Phone: (646) 962-9247
Fax: (646) 962-0132

(D) Education (check highest one)

- ☐ Grade School/High School Highest Year _____
- ☐ High School Diploma/G.E.D.
- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Masters Degree
- ☐ M.D.
- ☐ Ph.D.
- ☐ M.D./Ph.D.
- ☐ D.V.M.
- ☐ D.D.S or D.M.D.
- ☐ D.O.
- ☐ Registered Nurse/Degree (please complete licensing below)
- ☐ Other Non Medical Degree _____

Licensing/Certification

Type		Number		Exp Date	
Type		Number		Exp Date	
Type		Number		Exp Date	
Type		Number		Exp Date	

(E) SERVICE TIME

Have you ever worked for

INSTITUTION	START DATE	END DATE
WEILL CORNELL MEDICAL COLLEGE		
NEW YORK PRESBYTERIAN HOSPITAL		
CORNELL UNIVERSITY, ITHACA CAMPUS		

I verify that the above information I have provided is correct.

Employee Signature

Date