**HOW DID YOU LEARN ABOUT NYP HOUSING?**

**(REQUIRED: PLEASE CHECK ONE)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🗖 | Human Resources | 🗖 | Infonet | 🗖 | RE Website | 🗖 | RE Posters | 🗖 | Other (write below) |
| 🗖 | Resident Referral | ☑ | Dept. Referral | 🗖 | Video | 🗖 | NYP Press |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PERSONAL DATA:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | Employment Date: |  |
| Address: |  | | Today’s Date: |  |
|  |  | | Home Tel.#: | ( ) |
| Employee Number: | |  | Cell Phone #: | ( ) |
|  |  | | Fax #: | ( ) |
| **(IMPORTANT: PRINT CLEARLY)** | | | Email Address: |  |

**EMPLOYMENT DATA:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position: | | | Neurosurgery Skull Base Fellow | | | | | | Department: | | Neurological Surgery | |
| If House Staff list PGY: | | | |  | | | | | Chairman/Supervisor: | | Antonio Bernardo M.D. | |
| Status: | | 🗖 Full Time | | | | 🗖 Part Time | | | NYP Tel. #: | | (212) 746-1468 | |
| Work Email Address: | | | |  | | | | | Beeper #: | | ( ) | |
| Employer: | 🗖 NYP-East Campus | | | | | | 🗖 NYP-West Campus | | | 🗖 Columbia University | | ☑ Cornell University | |
| Employment Verification: | | | | | ☑ New Hire Offer Letter | | | 🗖 Hospital Identification Card | | | |  | |

**APARTMENT DATA:**

|  |  |  |  |
| --- | --- | --- | --- |
| **APARTMENT TO BE SHARED WITH:** | | **APPLICATION FOR:** | |
| **🗙** | **NO ONE** | 🗙 | **DORMITORY** |