LOCATION:
909 Packerland Drive
Green Bay, WI 54303
PHONE:
(920)496-7900
www.oneida-nsn.gov
Email: HRD_General@oneidnation.org

ONEIDA

A good mind. A good heart. A strong fire.

MAILING ADDRESS:
P.O. Box 365
Oneida, WI 54155-0365
FAX:
(920)496-7490
JOB LINE:
1-800-236-7050

APPLICATION FOR EMPLOYMENT

Answer all questions completely. Incomplete applications may be rejected. **Any application received after the closing date will not be considered.** **A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION APPLIED FOR**.

How did you hear about this position? ☐ Newspaper Ad ☐ Internet ☐ Other _____

☐ ***Transfer/Promotion*** Please check here to be considered as a transfer/promotion applicant. You must be a regular employee, have one consecutive year of service as a regular status employee and apply within the first five days of posting. Transfer/promotion applicants must notify their supervisors that they applied. Supervisors may require you to serve in current position until a replacement can be found.

Position Applying For:			**Job #:**
Last Name:	**First Name:**	**Full Middle Name:**	**(Suffix ex. Jr, III)**
Address:		**City:**	**State:**
Zip Code:	**County:**	**Phone #:**	**Cell #:**
Email Address:		**Tribal Affiliation: (Oneida, etc):**	**Enrollment #:**

Enrollment Status*:* ☐ ***Enrolled with Oneida Tribe of Indians of WI*** ☐ ***Eligible for Enrollment with Oneida Tribe of Indians of WI***
☐ ***Documented First Generation Descendant with Oneida Tribe of Indians of WI***
☐ ***Enrolled Native American of Recognized Tribe*** ☐ ***Other (non-Native American)***
(Applicant will be required to provide documentation of enrollment status to comply with the Oneida and Indian Preference Policy)

EDUCATION INFORMATION

High School or Highest Grade Completed School Name & City, State	**# of Years Completed**	**Diploma Earned (HSED, GED, etc)**	
College/Univ. Credits Earned or Highest Grade Completed School Name & City, State		**Credits Completed**	**Major/Minor**
Graduate/ Professional Credits Earned School Name & City, State		**Credits Completed**	**Major/Minor**

Additional Education and Dates, Specialized Training, License, Certifications, Apprenticeships, etc:

Summarize Special Skills:

ONEIDA

A good mind. A good heart. A strong fire.

Application for Employment
Page 2

Employment History: (Provide the following information starting with your ***present*** position)

From: Month/Year		**To: Month/Year**		**Title:**
Employer:				**Address:**
Phone #:		**Reason for Leaving:**		

Summarize job duties/responsibilities:

Employment History: (Provide the following information starting with your ***present*** position)

From: Month/Year		**To: Month/Year**		**Title:**
Employer:				**Address:**
Phone #:		**Reason for Leaving:**		

Summarize job duties/responsibilities:

Employment History: (Provide the following information starting with your ***present*** position)

From: Month/Year		**To: Month/Year**		**Title:**
Employer:				**Address:**
Phone #:		**Reason for Leaving:**		

Summarize job duties/responsibilities:

Employment History: (Provide the following information starting with your ***present*** position)

From: Month/Year		**To: Month/Year**		**Title:**
Employer:				**Address:**
Phone #:		**Reason for Leaving:**		

Summarize job duties/responsibilities:

ONEIDA
A good mind. A good heart. A strong fire.

Application for Employment
Page 3

Check the following boxes if you are attaching additional documents.

☐ Resume ☐ Cover Letter ☐ Transcript(s) ☐ Letter(s) of Reference

☐ Copy of Diploma ☐ Copy of License(s) ☐ Copy of Certification(s) ☐ Documentation of Enrollment Status

Please read and check each of the following statements. By checking each box, you are verifying you have read, understand and agree to each of the statements.

☐ Disclaimer: The Oneida Tribe of Indians of Wisconsin will not be responsible for an incomplete application. Incomplete applications may be rejected. Please note: A separate application is needed for each position you are applying for.

☐ I hereby certify that all statements within this application and all supporting documents are true, complete and correct to the best of my knowledge. I understand if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if employed, my employment may be terminated at any time.

☐ All information gathered by the Employee Background Investigation Department will be confidential. This application becomes the property of the Oneida Tribe of Indians of Wisconsin.

☐ I hereby authorize all persons and entities, to which this release is presented having information relating to or concerning me, To furnish any and all such information to any agent of the Oneida Human Resources and/or Oneida Gaming Commission for purposes of employment with the Oneida Tribe of Indians of Wisconsin.

☐ I understand all gaming positions including Surveillance, MIS-Gaming, and Internal Security that I must ALSO apply for a Gaming license with the Oneida Gaming Commission.

Signature:	**Date:**

Please type your name in the signature field above I you are emailing this application.

If you are submitting this application via email, you will need to save this document to your desktop and/or jump drive. Applications and any additional documents should be emailed to**: HRD_General@oneidanation.org**.

Have you ever used or are you otherwise known by another name? If so, please list all such names (including nickname and maiden name):

A.K.A.		**A.K.A.**		**A.K.A.**	
A.K.A.		**A.K.A.**		**A.K.A.**	

Social Security #:		**Date of Birth:**	
Driver's License #/ID:		**State:**	**CDL License:**