



**Oneida Tribe of Indians of Wisconsin  
Tribal Secretary's Office**

P.O. Box 365, Oneida WI 54155  
Ph: (920) 869-4364 • Fax: (920) 869-4040

Approved June 1, 1994 by the  
Oneida Business Committee.  
Revised September 9, 2009

Date Received: \_\_\_\_\_

**Application for Boards, Committees, and Commissions**

Please fill out the application to be considered by the Tribal Chairperson of the Oneida Business Committee for appointment to the board, committee or commission you listed below. A separate application must be submitted for each board, committee or commission you want to apply for. If the current vacancy is filled by another applicant, you must submit a new application to be considered for future vacancies on this or another board, committee or commission. If the submission deadline is extended, your application will remain in the applicant pool unless you notify the Tribal Secretary's office to remove it.

You may return this completed form to the Oneida Tribal Secretary's office in person, by fax, mail, or e-mail. The email address is: TribalSecretary@oneidanation.org. A copy of your application is available upon request.

Name of board, committee or commission: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll # \_\_\_\_\_

Are you presently serving in an appointed or elected capacity for the Oneida Tribe of Indians of Wisconsin?

No Yes – If yes, please state the complete name(s): \_\_\_\_\_

\_\_\_\_\_

Are you presently employed by, or contracting with the Oneida Tribe of Indians of Wisconsin? No Yes

If yes, department and position: \_\_\_\_\_

Please attach a copy of your job description.

If you are employed by the Oneida Tribe of Indians, you are required to notify your supervisor that you may be appointed as a member of a board, committee or commission and may need to request time off during work hours to attend meetings.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Printed Name of Supervisor

\_\_\_\_\_  
Title

**Statement of Interest:** Providing a statement of interest is optional.

I am interested in this appointment because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Experience:** Provide the information you would like to be considered as a candidate for this board, committee or commission. You may attach a resume in place of providing the information below. Resume attached.

Previous boards, committees or commissions and the number of years served on each one:

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Relevant employment and number of years in each position:

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Education completed, including school name, degree and year of graduation or number of credits completed:

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I am a veteran of the armed forces.    No    Yes - Branch: \_\_\_\_\_  
(Names of applicants for the Veterans Affairs Committee are submitted for verification of honorable discharge.)

**Conflict of Interest Disclosure:** A conflict of interest consists of a situation in which you are or can be influenced by a person, job, or membership. It includes situations in which you will grant or receive monetary or non-monetary items. A copy of the Oneida Conflict of Interest Law can be obtained from the Tribal Secretary's office or on the internet at [www.oneidanation.org](http://www.oneidanation.org) on the Code of Laws page.

Is there a conflict between your employment or contracts and the position you are applying for?    No    Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is there a conflict caused by your position on another board, committee, or commission, whether with the Oneida Tribe of Indians of Wisconsin or other entity?    No    Yes – If yes, please explain: \_\_\_\_\_

Do you have family members (brother, sister, mother, father, son or daughter) which would cause a conflict of interest for you if you are appointed to this board, committee or commission?    No    Yes  
If yes, please provide all conflicts of interest. \_\_\_\_\_  
\_\_\_\_\_

**Signature:** My signature below acknowledges that all information provided with this application is true and correct to the best of my knowledge, and that I have read and agree with the following statements:

- a. If selected for membership, I agree to disclose any future conflict in writing to the entity immediately and that I may be removed for intentional or unintentional failure to disclose any conflict.
- b. If selected for membership, I agree to abide by the confidentiality policies of the Oneida Tribe of Indians of Wisconsin and may be removed for failure to abide by this statement.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_