

**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

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	l, committee or	commission:						
Your Name:								
Your Name:		Mid	ldle	Last Cell				
Street Address/P.O. Box			City					
State	Zip	Email						
Tribal Affiliati	on:		Roll #	Birthdate:				
Are you preser No				eida Tribe of Indians of Wisconsin?				
If yes, dep Please atta If you are o	artment and po ch a copy of yo employed by th	our job description. ne Oneida Tribe of India	ns, you are required	Indians of Wisconsin? No Yes				
appointed a attend mee		a board, commutee or o	commission and ma	iy need to request time on during work nours to				
Supervisor's	Signature							
Printed Name of Supervisor			Title	Title				
Statement of 1	Interest: Provi	ding a statement of inter	rest is optional.					
I am interested	in this appoin	tment 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:

Relevant employment and number of years in each position:

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

**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 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, moth	ner, father, son or dau	ighter) w	hich would	cause a conflict of interest
for you if you are appointed to this board, committ	ee 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.

\_Date: \_\_\_\_\_