

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:

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 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: _____