

CORPORATE BOARD APPLICATION INFORMATION AND INSTRUCTIONS

APPLICATION REQUIREMENTS

- It is the applicant's responsibility to ensure their application is complete
- A separate application must be completed for each board, committee or commission, corporate board or standing committee you are applying for
 - You must submit a new application each time you apply.
 - If the submission deadline is extended, your application will remain in the applicant pool unless you notify the Business Committee Support Office to remove it.
- All fields are required unless noted otherwise.
- Submit completed application and any additional documents to the Business Committee Support Office **by 4:30 p.m.** on or before the applicable deadline.

CONFLICT OF INTEREST

Conflict of interest means any interest, real or apparent, whether it be personal, financial, political, or otherwise, in which an elected official, officer, political appointee, employee, contractor, or appointed or elected member, or their immediate family members, friends or associates, or any other person with whom they have contact, have that conflicts with any right of the Nation to property, information, or any other right to own and operate activities free from undisclosed competition or other violation of such rights of the Nation. In addition, conflict of interest also means any financial or familial interest an elected official, officer, political appointee, employee, contractor, or appointed or elected member or their immediate family members may have in any transaction between the Nation and an outside party.

CONTACT US

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ONEIDA WI 54155-0365

Website: <https://oneida-nsn.gov/government/corporate/>
<https://oneida-nsn.gov/government/boards-committees-and-commissions/vacancies/>



Corporate Board Application

SECTION 1: NAME OF CORPORATE BOARD APPLYING FOR

SECTION 2: APPLICANT INFORMATION

Roll #: _____ Date of Birth: _____
(IF APPLICABLE)

Tribal Affiliation: _____

Name: _____
FIRST MIDDLE LAST MAIDEN (IF ANY)

Physical Address: _____
STREET APT CITY STATE ZIP

Mailing Address: _____
(if different from above) STREET/PO BOX APT CITY STATE ZIP

County of Residence: _____ Email: _____

Home/Cell: _____ Work: _____

SECTION 3: STATEMENT OF INTEREST (OPTIONAL)

I am interested in this appointment because: _____

SECTION 4: CONFLICT OF INTEREST DISCLOSURES

1. Are you presently serving in an appointed or elected capacity? NO YES

If yes, please explain _____

2. Are you presently employed by, or contracting with the Oneida Nation? NO YES

If yes, please explain _____

3. Is there a conflict between your employment/contracts and the position you are applying for? NO YES

If yes, please explain _____

4. Is there a conflict between your position on another Board, Committee or Commission (internal or external) and the position you are applying for? NO YES

If yes, please explain _____

5. Do you have family members (children, siblings, parents) that would cause a conflict of interest for you and the position you are applying for? NO YES

If yes, please explain: _____

SECTION 5: HISTORY - Attach additional sheet(s) as needed **Resume Attached****History on Board, Committees and Commissions**

Board, Committee or Commission (most recent first)	Years	Position

Employment History

Employer (most recent first)	Years	Position

Education

Name and Address of Institution (most recent first)	Years	Credits Completed	Degree

SECTION 6: APPLICANT SIGNATURE, ACKNOWLEDGMENT AND RELEASE

- I acknowledge that all information provided in and with this application is true and correct.
- I declare the disclosure of any conflicts of interest and any future conflict(s) will be provided to the appropriate party.
- I hereby authorize all persons and/or entities to which this release is presented, having information related to or concerning the applicant, to furnish any and all such information to the Oneida Business Committee Support Office for purposes of appointment to an Oneida Nation Corporate Board.
- In addition, my signature below authorizes the Business Committee Support Office or their Designee/Incheck to complete a background check related to this application.

Signature: _____ Date: _____



Background Investigation

SECTION 7: BACKGROUND INFORMATION

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State Held: _____

Name: _____
FIRST MIDDLE LAST MAIDEN (IF ANY)

SECTION 8: OTHER NAMES (List any previously used or alias names, attach additional pages, if needed)

1. _____
2. _____
3. _____
4. _____

SECTION 9: PREVIOUS ADDRESSES List address for the past 10 years (most recent first) attach additional pages, if needed.

- | | |
|---|---|
| 1. _____
STREET APT

CITY STATE ZIP
From: _____ To: _____
MM/YYYY MM/YYYY | 3. _____
STREET APT

CITY STATE ZIP
From: _____ To: _____
MM/YYYY MM/YYYY |
| 2. _____
STREET APT

CITY STATE ZIP
From: _____ To: _____
MM/YYYY MM/YYYY | 4. _____
STREET APT

CITY STATE ZIP
From: _____ To: _____
MM/YYYY MM/YYYY |

SECTION 10: APPLICANT SIGNATURE AND RELEASE FOR BACKGROUND INVESTIGATION

- I acknowledge that all information provided in and with this application is true and correct.
- I hereby authorize all persons and/or entities to which this release is presented, having information related to or concerning the applicant, to furnish any and all such information to the Oneida Business Committee Support Office for purposes of appointment to an Oneida Nation Corporate Board.
- In addition, my signature below authorizes the Business Committee Support Officer or their Designee/Incheck to complete a background check related to this application.

Signature: _____ Date: _____