

APPOINTED BOARDS, COMMITTEES AND COMMISSIONS

APPLICATION AND INSTRUCTIONS

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.

APPLICATION REQUIREMENTS

- It is the applicant's responsibility to ensure their application is complete
- All fields are required unless noted otherwise
- An application must be completed for each vacancy you are applying for
 - If the submission deadline is extended, your application will remain in the applicant pool unless you notify the Government Administrative Office to remove it.
- Provide proof of address (Valid WI driver's license, utility bill, insurance statement, rent receipt or mortgage statement) Oneida Nation Tribal Enrollment ID is **NOT** an acceptable proof of address, and will **NOT** be accepted.
- Applicants must attach to their application documentation including, but not limited to, copies of degree certificates, official transcripts, DD214, and certifications as proof of qualifications for the position they seek. Those applications that do not have the proper back-up documentation regarding qualifications will be deemed as incomplete and applicant will not be eligible for candidacy.
- Oneida Police Commission applicants must submit to drug testing prior to appointment and on an annual basis.
- Submit completed application and any additional documents to the Government Administrative Office **by 4:30 p.m.** on or before the applicable deadline.

Please Note: You must be available to provide quarterly reports in accordance with the Boards, Committees and Commissions law §105.12-3 §At least one (1) member of the entity shall attend the Oneida Business Committee meeting where the quarterly report is an agenda item."

CONTACT US

Phone: (920) 869-4364 Email: BOARDS@ONEIDANATION.ORG

In Person: NORBERT HILL CENTER, 2ND FL Mail: GAO
N7210 SEMINARY RD PO BOX 365
ONEIDA WI 54155 ONEIDA WI 54155-0365

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



Appointed Boards, Committees, and Commissions (BCC'S) Application

SECTION 1: NAME OF BCC APPLYING FOR

SECTION 2: APPLICANT INFORMATION

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

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 List any potential conflicts of interest

SECTION 5: HISTORY – COMPLETE APPLICABLE SECTIONS. Attach resume or additional sheet(s) as needed

History on Board, Committees and Commissions

ARTS BOARD * POLICE COMMISSION

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

Employment History

ANNA JOHN BOARD * ENVIRONMENTAL RESOURCE BOARD * LIBRARY BOARD * ARTS BOARD * PERSONNEL COMMISSION * POLICE COMMISSION

Employer (most recent first)	Years	Position

Education

ENVIRONMENTAL RESOURCE BOARD | ARTS BOARD * PERSONNEL COMMISSION

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

ONEIDA NATION VETERAN AFFAIRS COMMITTEE APPLICANTS ONLY

Must provide copy of DD Form 214

I am a veteran of the armed forces	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Branch:		

SECTION 6: APPLICANT SIGNATURE, ACKNOWLEDGMENT AND RELEASE

- I acknowledge that all information provided in and with this application is true and correct.
- If appointed to the position applied for in this application, I will not disclose any information, confidential or otherwise, to any outside source, unless first approved by the appropriate parties. Further, I understand I may be subject to the Boards, Committees, Commissions Law for failure to abide by this statement.
- I declare the disclosure of any conflicts of interest and any future conflict(s) will be provided to the appropriate party. Further, I understand I may be subject to the Boards, Committees, and Commissions Law for failure to disclose any and all conflicts, whether future or overlooked, in writing to the appropriate parties.
- I understand that if appointed I am responsible to uphold the laws and regulations of the Oneida Nation including but not limited to the Code of Ethics law.
- 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 Government Administrative Office for purposes of appointment to a board, committee or commission of the Nation.

Signature: _____ Date: _____



Background Investigation

In addition, to the BCC application, this form is **REQUIRED** for Applicants applying for:

ENVIRONMENTAL RESOURCE BOARD * POLICE COMMISSION * PARDON & FORGIVENESS COMMITTEE

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. _____ 3. _____
2. _____ 4. _____

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

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

2. _____ 4. _____
STREET APT STREET APT
CITY STATE ZIP 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 Government Administrative Office for purposes of appointment to an Oneida Nation Board, Committee, or Commission.
- In addition, my signature below authorizes the Government Administrative Office or their Designee/Incheck to complete a background check related to this application.

Signature: _____ Date: _____