

## OFFICIAL ELECTION PETITION FORM:

**\*\*THIS FORM MUST BE COMPLETED IF YOU WERE NOT NOMINATED AT THE CAUCUS\*\***

Name (print): \_\_\_\_\_ Roll #: \_\_\_\_\_

Position Running For: \_\_\_\_\_

Note: Minimum of ten (10) signatures obtained from Tribal enrolled members 18 years of age or older is required.

| #  | Printed Name | Address | DOB | Roll # | Signature |
|----|--------------|---------|-----|--------|-----------|
| 1  |              |         |     |        |           |
| 2  |              |         |     |        |           |
| 3  |              |         |     |        |           |
| 4  |              |         |     |        |           |
| 5  |              |         |     |        |           |
| 6  |              |         |     |        |           |
| 7  |              |         |     |        |           |
| 8  |              |         |     |        |           |
| 9  |              |         |     |        |           |
| 10 |              |         |     |        |           |
| 11 |              |         |     |        |           |
| 12 |              |         |     |        |           |
| 13 |              |         |     |        |           |
| 14 |              |         |     |        |           |
| 15 |              |         |     |        |           |

**ENROLLMENT VERIFICATION**

# Of Eligible Signatures: \_\_\_\_\_

Enrollment Officer's Printed Name: \_\_\_\_\_

# Of Ineligible Signatures: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

# APPLICATION FOR ELECTED POSITIONS

Oneida Business Committee, Judges, Legal Resource Attorney and Advocate, Boards, Committees, and Commissions

## INFORMATION 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.

Oneida Election Law §102.5-3. No applicant may have a conflict of interest with the position for which they are being considered, provided that any conflict of interest which may be eliminated within thirty (30) calendar days of being elected shall not be considered as a bar to nomination or election.

### 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
- Provide proof of address (Valid WI drivers 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, 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.
- Judge Applicants – Submit a completed Disclosure and Authorization to comply with §801.11-1. (a)(4) of the Judiciary law. The Disclosure and Authorization is in a separate packet.
- Applications and petitions where the applicant was not nominated during caucus shall be filed by presenting the information to the Nation's Secretary, or designated agent, during normal business hours, 8:00 a.m. to 4:30 p.m. Monday through Friday, within five (5) business days after the caucus. No mailed, internal Nation mail delivery or faxed and/or other delivery method shall be accepted.

**Board, Committee, and Commission applicants, please note:** A Board, Committee or Commission (BCC) E-mail address will be assigned to you for BCC business and meeting information. 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](mailto:BOARDS@ONEIDANATION.ORG)

In Person: NORBERT HILL CENTER, 2<sup>ND</sup> FL Mail: GOVERNMENT ADMINISTRATIVE OFFICE  
N7210 SEMINARY RD PO BOX 365  
ONEIDA WI 54155 ONEIDA WI 54155-0365

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





## APPLICATION FOR ELECTED POSITIONS

### SECTION 1: NAME OF ENTITY YOU ARE 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: \_\_\_\_\_

Provide your preferred method of contact below:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### OFFICE USE ONLY

Acceptable Proof of Residency:

- Valid WI Driver License/State ID
- Current Utility Bill
- Current Insurance Statement
- Current Rent Receipt/Mortgage Statement

**Note: Oneida Nation Tribal Enrollment Identification cards are not accepted.**

**Applicants must attach to their application documentation including, but not limited to, copies of degree certificates, official transcripts, 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.**

**SECTION 3: HISTORY – COMPLETE APPLICABLE SECTIONS.** Attach resume or additional sheet(s) as needed

**History on Boards, Committees and Commissions**

**ELECTION BOARD \* ONEIDA COMMISISON ON AGING \* GAMING COMMISSION**

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

**Employment History**

**GAMING COMMISSION \* LAND COMMISSION \* CHIEF JUDGES \* GTC ATTORNEY \* LEGAL RESOURCE ADVOCATE**

| Employer (most recent first) | Years | Position |
|------------------------------|-------|----------|
|                              |       |          |
|                              |       |          |
|                              |       |          |

**Education**

**GAMING COMMISSION \* ALL JUDGES \* GTC ATTORNEY \* LEGAL RESOURCE ADVOCATE**

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

**ALL JUDGES** Must provide Disclosure and Authorization

A completed Disclosure and Authorization to comply with Subsection 801.11-1.(a)(4) of the Judiciary law is attached.

**SECTION 4: APPLICANT SIGNATURE, ACKNOWLEDGMENT AND RELEASE**

- I acknowledge that all information provided in and with this application is true and correct.
- If elected for 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 Removal 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 Removal Law for failure to disclose any and all conflicts, whether future or overlooked, in writing to the appropriate parties.
- I understand that if elected 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 Oneida Election Board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT**



## Background Investigation

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

**GAMING COMMISSION \* ONEIDA COMMISSION ON AGING \* TRUST ENROLLMENT COMMITTEE \* ALL JUDGES**

### SECTION 5: BACKGROUND INFORMATION

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Held: \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN (IF ANY)

### SECTION 6: OTHER NAMES (List any previously used or alias names, attach additional pages, if needed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### SECTION 7: PREVIOUS ADDRESSES List address for the past 10 years (most recent first) attach additional pages, if needed.

- |  |  |
|--|--|
| <p>1. _____</p> <p style="text-align: center;">STREET APT</p> <p>_____</p> <p style="text-align: center;">CITY STATE ZIP</p> <p>From: _____ To: _____</p> <p style="text-align: center;">MM/YYYY MM/YYYY</p> | <p>3. _____</p> <p style="text-align: center;">STREET APT</p> <p>_____</p> <p style="text-align: center;">CITY STATE ZIP</p> <p>From: _____ To: _____</p> <p style="text-align: center;">MM/YYYY MM/YYYY</p> |
| <p>2. _____</p> <p style="text-align: center;">STREET APT</p> <p>_____</p> <p style="text-align: center;">CITY STATE ZIP</p> <p>From: _____ To: _____</p> <p style="text-align: center;">MM/YYYY MM/YYYY</p> | <p>4. _____</p> <p style="text-align: center;">STREET APT</p> <p>_____</p> <p style="text-align: center;">CITY STATE ZIP</p> <p>From: _____ To: _____</p> <p style="text-align: center;">MM/YYYY MM/YYYY</p> |

### SECTION 8: 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 Government Administrative Office for purposes of appointment to an Oneida Nation Corporate Board.
- 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: \_\_\_\_\_