





## 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.

- 1. \_\_\_\_\_  
STREET APT  
CITY STATE ZIP  
From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/YYYY MM/YYYY
- 2. \_\_\_\_\_  
STREET APT  
CITY STATE ZIP  
From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/YYYY MM/YYYY
- 3. \_\_\_\_\_  
STREET APT  
CITY STATE ZIP  
From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/YYYY MM/YYYY
- 4. \_\_\_\_\_  
STREET APT  
CITY STATE ZIP  
From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/YYYY MM/YYYY

#### 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: \_\_\_\_\_

# Investigative Questionnaire for Volunteer/Coach/School Board



Information contained in this questionnaire is for Official Use Only.

**Notice to Applicant:** Section 231 of the Crime Control Act of 1990, Public Law 101-64 7 (codified in 42 United States Code § 13041 ), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. This statement is notice that a criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Jr., II, etc.</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).				4. Social Security Number		
5. Your Telephone No.	6. Alternate Telephone No.	7. Your Email Address				
8. Place of Birth			9. Gender			
<i>City</i>	<i>County</i>	<i>State</i>	<input type="radio"/> Male <input type="radio"/> Female			
10. Residence - List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list. (Include the month and the year in the dates for each residence listed).						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
1)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
2)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
3)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
4)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
5)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
6)						
11. Residence/Employment in an Indian Community - List any Indian Reservation, Village, Pueblo, Rancheria, and/or Indian community in which you have lived or worked in the last 5 years.						

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Social Security Number
<b>12. Military History</b>				
Have you Served in the United States Military? (If "YES," please provide a copy of your DD2 14 discharge papers).			<input type="radio"/> YES <input type="radio"/> NO	
Month/Year	to Month/Year	Branch of Service		Type of Discharge
If you have ever received an "other than honorable" discharge from Military, please provide the circumstances surrounding your discharge.				
<b>13. Personal References - List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. (Do not list relatives or anyone who is listed elsewhere on this application).</b>				
1) Reference Name		<u>Dates Known</u>		Phone Number(s)
		Month/Year	to Month/Year	<input type="radio"/> Work: <input type="radio"/> Cell: <input type="radio"/> Home:
Reference Street Address and City		State		Zip Code
2) Reference Name		<u>Dates Known</u>		Phone Number(s)
		Month/Year	to Month/Year	<input type="radio"/> Work: <input type="radio"/> Cell: <input type="radio"/> Home:
Reference Street Address and City		State		Zip Code
3) Reference Name		<u>Dates Known</u>		Phone Number(s)
		Month/Year	to Month/Year	<input type="radio"/> Work: <input type="radio"/> Cell: <input type="radio"/> Home:
Reference Street Address and City		State		Zip Code

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Social Security Number
<p><b>14. Background Information - For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.</b></p> <p>Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code§ 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 {codified in 25 United States Code§ 3207} requires a criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. The following includes questions required by the above referenced citations:</p>				
<p><b>1)</b> In the last 5 years, have you been cited, arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.) <i>(If "YES", use item 17 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved).</i></p>			<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	
<p><b>2)</b> Have you been convicted by a military court-martial in the past 5 years? <i>(If "YES," use item 17 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved).</i></p>			<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	
<p><b>3)</b> Are you now under charges for any violation of law? <i>(If "YES," use item 17 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved).</i></p>			<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	
<p><b>4)</b> Have you <b>ever</b> been cited, arrested for or charged with a crime involving a child? <i>(If "YES," use item 17 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved).</i></p>			<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	
<p><b>5)</b> Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? <i>(If "YES," use item 17 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved).</i></p>			<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	
<p><b>6)</b> During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? <i>(If "YES," use item 18 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address).</i></p>			<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	
<p><b>7)</b> In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs? <i>(If "YES," use item 18 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received).</i></p>			<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	

**Questionnaire Continuation**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Jr., II, etc.</i>	<i>Social Security Number</i>

**15. If you have answered "YES" for questions 1 through 5 in section 16, please explain your answer(s) below and provide court documentation for the information submitted.**

<i>Month/Year</i>	<i>Offense</i>	<i>Action Taken</i>	<i>Arresting Agency</i>	<i>State</i>	<i>Zip Code</i>
1)					
2)					
3)					
4)					
5)					

**16. If you have answered "YES" for questions 6 or 7 in section 16, please explain your answer(s) below.**

**17. Use this section to provide further explanations to any of the above questions or for which you need more space.**



Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Social Security Number

**18. Certification that My Answers are True**

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that willful omission or a fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring or appointing me, or dismissing me after I begin performing my duties and may be punishable by fine or imprisonment.

Applicant's/Consumer's Initials <input style="width: 50px; height: 20px;" type="text"/>	Date

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment or service. I understand my right to obtain a copy of any criminal history report made available to the Oneida Nation, and my rights to challenge the accuracy and completeness of any information contained in my report.

Applicant's/Consumer's Signature <input style="width: 250px; height: 25px;" type="text"/>	Date

**19. Authorization for Release of Information**

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or Incheck, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the Oneida Nation only for the purposes of determining my suitability for employment with Oneida Nation.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Oneida Nation and their officers, employees, board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Oneida Nation, or whichever is sooner.

Printed Name	Signature		Date
Current Address	State	Zip Code	Contact Phone Number(s)
			<input type="radio"/> Primary:
			<input type="radio"/> Secondary: