# TRIBALLY CHARTERED ENTITY APPLICATION
# INFORMATION AND INSTRUCTIONS

This application should be completed if you are applying for any of the following Oneida Nation Tribally Chartered Entity's:

- Bay Bancorporation, Inc.
- Oneida OESC Group, LLC
- Oneida Youth Leadership Institute

## APPLICATION REQUIREMENTS

- It is the applicant's responsibility to ensure their application is complete

- A separate application must be completed for each tribally chartered entity, board, committee, commission, 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 Government Administrative Office to remove it.

- All fields are required unless noted otherwise.

- Submit completed application and any additional documents to the Government Administrative 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

| | | | |
|---|---|---|---|
| Phone: | (920) 869-4303 | Email: | BOARDS@ONEIDANATION.ORG |
| In Person: | NORBERT HILL CENTER<br>N7210 SEMINARY RD<br>ONEIDA WI 54155 | Mail: | GOVERNMENT ADMINISTRATIVE OFFICE<br>PO BOX 365<br>ONEIDA WI 54155-0365 |
| Website: | https://oneida-nsn.gov/government/triballycharteredentities/<br>https://oneida-nsn.gov/government/boards-committees-and-commissions/vacancies/ | | |

Secretary Stamp Only:

Oneida Nation
Government Administrative Office
PO Box 365, Oneida WI 54155-0365
Ph: (920) 869-4303 Fax: (920) 869-4040
Email: Boards@oneidanation.org

# Tribally Chartered Entity Application

## SECTION 1: NAME OF TRIBALLY CHARTERED ENTITY APPLYING FOR

Name of Entity: _____

## SECTION 2: APPLICANT INFORMATION

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

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 4: CONFLICT OF INTEREST DISCLOSURES

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

If yes, please explain: _____

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

If yes, please explain: _____

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

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? ☐ YES ☐ NO

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? ☐ YES ☐ NO

If yes, please explain: _____

**SECTION 3: STATEMENT OF INTEREST (OPTIONAL)** I am interested in this appointment because:

| |
|---|
| |

**SECTION 5: HISTORY -** Attach additional sheet(s) as needed ☐ **Resume Attached**

**History on Tribally Chartered Entity's, Boards, Committees, Commissions, and/or Standing Committees**

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

**Employment History**

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

**Education**

| Name and Address of Institution (List 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.
- If appointed 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.
- 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 Government Administrative Office for purposes of appointment to an Oneida Nation Tribally Chartered Entity.

Signature: _____ Date: _____

PRINT CLEAR

Secretary Stamp Only:

Oneida Nation
Government Administrative Office
PO Box 365, Oneida WI 54155-0365
Ph: (920) 869-4303 Fax: (920) 869-4040
Email: Boards@oneidanation.org

# Background Investigation

In addition to the Tribally Chartered Entities Application, this form is **REQUIRED** for Applicants applying for:

## Oneida ESC Group, LLC & Oneida Youth Leadership Institute

### 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. _____
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 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 Government Administrative Office for purposes of appointment to an Oneida Nation Tribally Chartered Entity.
- 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: _____