

LOCATION:
909 Packerland Drive
Green Bay WI 54303

ONEIDA TRIBE OF INDIANS OF WISCONSIN
HUMAN RESOURCES DEPARTMENT

MAILING ADDRESS:
PO Box 365
Oneida WI 54155
FAX:
(920) 496-7490
JOB LINE:
(800) 236-7050

PHONE:
(920) 496-7900
www.oneida-nsn.gov



APPLICATION FOR EMPLOYMENT

Answer all questions completely. Incomplete applications may be rejected. ****Any application received after the closing date will not be considered.****
A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION APPLIED FOR.

How did you hear about this position? Newspaper Ad Internet Other

Transfer/Promotion Please check here to be considered as a transfer/promotion applicant. You must be a regular employee, have one consecutive year of service as a regular status employee and apply within the first five days of posting. Transfer/promotion applicants must notify their supervisors that they applied. Supervisors may require you to serve in current position until a replacement can be found.

Position Applying For: **Job #:**

Name: (Last) (First) (Middle) (Suffix ex. JR, III)

Email Address: Note: If an email address is provided, we will use this address for communication purposes.

Address: City: State:

Zip Code: County: Phone #: Tribal Affiliation: (Oneida, Etc.):

Enrollment Status (Choose One): Enrollment #:

EDUCATION INFORMATION

	School Name & City, State	# of Years Completed	Diploma Earned (HSED, GED, etc)		
High School or Highest Grade Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>		
College/Univ. Credits Earned or Highest Grade Completed	<input type="text"/>	Date Received <input type="text"/>	Credits Completed <input type="text"/>	Major/Minor	<input type="text"/>
Graduate / Professional Credits Earned	<input type="text"/>	Date Received <input type="text"/>	Credits Completed <input type="text"/>	Major/Minor	<input type="text"/>

Additional Education and Dates:

Specialized Training, License, Certifications, Apprenticeship, etc.:

Summarize Special Skills:

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EMPLOYMENT HISTORY: (Provide the following information starting with your present position)

From: Month/Year To: Month/Year Title:
Employer: Address:
Phone #: Reason for Leaving:

Summarize job duties/responsibilities:

From: Month/Year To: Month/Year Title:
Employer: Address:
Phone #: Reason for Leaving:

Summarize job duties/responsibilities:

From: Month/Year To: Month/Year Title:
Employer: Address:
Phone #: Reason for Leaving:

Summarize job duties/responsibilities:

From: Month/Year To: Month/Year Title:
Employer: Address:
Phone #: Reason for Leaving:

Summarize job duties/responsibilities:

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Check the following boxes if you are attaching additional documents.

- Resume Cover Letter Transcript(s) Letter(s) of Reference
- Copy of Diploma Copy of License(s) Copy of Certification(s)

Please read and check each of the following statements. By checking each box, you are verifying you have read, understand and agree to each of the statements.

- Disclaimer:** The Oneida Tribe of Indians of Wisconsin will not be responsible for an incomplete application. Incomplete applications may be rejected. Please note: A separate application is needed for each position you are applying for.
- I hereby certify that all statements within this application and all supporting documents are true, complete and correct to the best of my knowledge. I understand if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if employed, my employment may be terminated at any time.
- All information gathered by the Employee Background Investigation Department will be confidential. This application becomes the property of the Oneida Tribe of Indians of Wisconsin.
- Any reproduction of this release, whether photocopy, fax, or other process, shall be considered as valid as the original. Employers are hereby released from any and all liability which may result from furnishing such information.
- I hereby authorize all persons and entities to whom this release is presented having information relating to or concerning me, to furnish any and all such information to any agent of the Oneida Human Resources and/or Oneida Gaming Commission for purposes of employment with the Oneida Tribe of Indians of Wisconsin.
- I understand all gaming positions including Surveillance, MIS-Gaming, and Internal Security that I must ALSO apply for a gaming license with the Oneida Gaming Commission.

Signature: Date:

Please **type** your name in the signature field above if you are emailing this application.

If you are submitting this application via email; you will need to save this document to your desktop and/or jump drive. Applications and any additional documents should be emailed to: hrdept@oneidanation.org.

Have you ever used or are you otherwise known by another name? If so, please list all such names (including nickname and maiden name):

A.K.A. A.K.A. A.K.A.

A.K.A. A.K.A. A.K.A.

Social Security #: Date of Birth:

Driver's License #/ID: State: CDL License:

Print Form