

II. Past Activities

Please fill out the following tables with information for the past five years. If you need more than the space provided, please attach a separate sheet. You may supply information going back farther than five years if you desire.

Note: Please use full name of Board, Committee, or Commission, not abbreviations.

Board, Committee, Commission (Begin with most recent)	Years	Position

Employer (Begin with most recent)	Years	Position

School, College, Other Location	Degree/Year	Classes regarding position

I am a veteran I am not a veteran

III. Statement of Interest

The following statement is optional. I am interested in this appointed or elected position because, and I can bring the following qualities to this position:

IV. Conflict of Interest Disclosure

A Conflict of Interest consists of a situation on which you will be, or be able to be, influenced by another person, job, contract, etc. It includes situations in which you will be granting or receiving monetary or non-monetary items. The Oneida Conflict of Interest Law appears on the back of this page of the application. Please included separate sheet if necessary to list all conflicts.

1. Is there a conflict between your employment, or contracts, and the position you are applying for?

No Yes _____

2. Is there a conflict between your position on any Board, Committee, or Commission, whether with the Oneida Tribe of Indians of Wisconsin or other entity? No Yes _____

3. Do you have family members (brothers, sisters, mothers, fathers, son or daughter) which would cause a conflict of interest for you if you were appointed/elected to this position? No Yes, please explain _____

V. Signature

My signature below acknowledges that all information filled out above, and attached, is true and correct to the best of my knowledge. Further, that I have read and agree with the following statements:

- a. If selected for membership applied for in this application, I will not disclose any information to any outside source, whether tribal or non-tribal and whether confidential or non-confidential unless first approved by the appropriate parties. Further, I agree that I can be removed immediately for failure to abide by this statement.

- b. I declare that the disclosure of any Conflict of Interest listed in this application, or attached, is true and correct to the best of my knowledge, and that I will disclose, immediately, any future conflict. Further, I agree that I can be removed immediately for failure to disclose, in writing any conflict, whether future or overlooked past conflict.

Signed this _____ day of _____, 20 _____

Applicant's Signature

Printed Name

Please return completed form to the Oneida Tribal Secretary's office.

NOTE: If you are employed by the Oneida Tribe of Indians, you may want to notify your supervisor that you may be elected or appointed as a member of a Board, Committee or Commission and need to take time off during working hours to attend those meetings.

Supervisor's Signature

Approved by Oneida Business Committee for use June 1, 1994
Revised Oct. 2000