LOCATION: 909 Packerland Drive Green Bay, WI 54303 WEBSITE: www.oneida-nsn.gov



MAILING ADDRESS: PO Box 365 Oneida WI 54155-0365 PHONE: (920)496-7900 FAX: (920)496-7490

A good mind. A good heart. A strong fire.

APPLICATION FOR EMPLOYMENT

	npletely. Incomplete applic In IS REQUIRED FOR EACH			ceived after the closir	ng date w	ill not be con	sidered.**
How did you hear al	pout this position?	Web Page	🗌 Walk-in	Family or F	riend	Other	
consecutive year of	tion Please check here t of service as a regular sta risors that they applied.	tus employee and app	oly within the first	five days of posting	g. Transf	fer/promotio	on applicants must
Position Applying	For:				Jo	ob #:	
Name:					<i>(</i> - - - - - - - - - -		
	(First)		(Last)		(Full Mide an emai		(Suffix ex. Jr, III) provided, we will
Gender: M	F Email Address:						nication purposes.
Address:			City:			State:	
Zip Code:	County:	▼ Phone #:		Tribal Affiliation	n: (oneid	a)	
Enrollment Status:					FI FI	nrollment #	4 .
	oplicant will be required to provide d	ocumentation of enrollment stat	us to comply with the One	ida and Indian Preference Pr		in on include	•
		ocumentation of emoliment stat	us to comply with the one		Jicy)		
EDUCATION INFOR	School Name & City, St	ate					
High School or Highest Grade	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	# of Years Completed			ma Earne , GED, et		
Completed]		, GLD, C		
	School Name & City, Si	ate					
College/Univ. Credits Earned or		Date	Credits				
Highest Grade		Received	Completed	Major/Minor			
Completed	School Name & City, St	L					
Graduate/ Professional Credits		Date	Credits				
Earned		Received	Completed	Major/Minor			
Additional Education	n and Dates, Specializ	ed Training License	Certifications	Annrenticeshin			
	in and Dates, Specializ	cu maining, Electise	, certifications, i	Apprenticeship, e			
Summarize Special	Skills						

EMPLOYMENT HISTORY: (Provide the following information starting with your <u>current</u> position)

From: Mont	h/Year	To: Month/Year		Title:	
Employer:				Address:	
Phone #:		Reason for Leavin	g:		
Summarize	job duties/responsibili	ties:			
L					

Employer: Address:	
Phone #: Reason for Leaving:	

Summarize job duties/responsibilities:

Application For Employment Page 3

EMPLOYMENT HISTORY: (Provide the following information starting with your <u>current</u> position)

From: Mon	th/Year	To: Month/Year	Title:	
Employer:			Address:	
Phone #:		Reason for Leaving:		
Summarize	e job duties/responsibili	ties:		

From: Month/Year	To: Month/Year	Title:	
Employer:		Address:	
Phone #:	Reason for Leaving:		
Summarize job duties/responsibil	ities:		

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Check the following boxes if you are attaching additional documents.

	· · · · · · · · · · · · · · · · · · ·	J					
	Resume	Cover Letter		Transcript(s)		Letter(s) of Reference	
	Copy of Diploma	Copy of License(s)		Copy of Certification(s)		Documentation of Enrollment Status	
	se read and check each of the fol ne statements.	lowing statements. By chec	king e	ach box, you are verifying you	u have	e read, understand and agree to each	
	Disclaimer : The Oneida Nation be rejected. Please note: A Sepa					oplications may	
	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 property of the Oneida Nation.	Employee Background Inve	stigati	on Department will be confid	lentia	l. This application becomes the	
	Any reproduction of this release hereby released from any and al				as va	lid as the original. Employers are	
	I hereby authorize all persons ar furnish any and all such informa for purposes of employment wit	tion to any agent of the One				5	
	I understand that when applying apply for a gaming license with			ng Surveillance, MIS-Gaming,	and li	nternal Security, that I must ALSO	
	f hired, can you provide valid and eligibility to be legally em Note: A Social Security Card is i it must be presented upon hire f	ployed in the United Stat not required to establish w	es?	YES NO		(Proof of citizenship or immigration status is requried upon employment.)	
So	cial Security #:			Date of Birtl	h:		
Dr	Driver's License #/ID: State: CDL License:						
Sig	gnature:	u a sura in she ai unatu ua fial a la				Date:	
lf y	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.						
Ha	ve you ever used or are you other	wise known by another nan	ne? If	so, please list all such names ((inclu	ding nickname and maiden name):	
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A.K.A.	A.K.A.	A.K.A.	
A.K.A.	A.K.A.	A.K.A.	