



Are you a Veteran of the U.S. Military Service? Yes / No

(If you are requesting Veterans Preference please provide a copy of your Discharge papers - DD214).

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

From: (mo/day/yr) To: (mo/day/yr)	Employer Name: Telephone: ( )
Title:	Address:
Supervisor: Title:	Summarize job duties/responsibilities:
Hourly Wage:	
Reason for Leaving:	

From: (mo/day/yr) To: (mo/day/yr)	Employer Name: Telephone: ( )
Title:	Address:
Supervisor: Title:	Summarize job duties/responsibilities:
Hourly Wage:	
Reason for Leaving:	

From: (mo/day/yr) To: (mo/day/yr)	Employer Name: Telephone: ( )
Title:	Address:
Supervisor: Title:	Summarize job duties/responsibilities:
Hourly Wage:	
Reason for Leaving:	

**EMPLOYMENT HISTORY:** (continued)

From: (mo/day/yr) To: (mo/day/yr)	Employer Name:  Telephone: (     )
Title:	Address:
Supervisor:  Title:	Summarize job duties/responsibilities:
Hourly Wage:	
Reason for Leaving:	

From: (mo/day/yr) To: (mo/day/yr)	Employer Name:  Telephone: (     )
Title:	Address:
Supervisor:  Title:	Summarize job duties/responsibilities:
Hourly Wage:	
Reason for Leaving:	

From: (mo/day/yr) To: (mo/day/yr)	Employer Name:  Telephone: (     )
Title:	Address:
Supervisor:  Title:	Summarize job duties/responsibilities:
Hourly Wage:	
Reason for Leaving:	

Additional information, including a resume, may be attached to this application.

Are there any employers do not want us to contact? If yes, please explain:

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Please read and initial each of the following statements. If you have any questions regarding any of these statements, discuss with a Human Resources representative prior to initialing and signing. Your initials and signature verify that you have read, understand, and agree to these statements.

Initial:

\_\_\_\_\_

The Oneida Tribe of Indians of Wisconsin will not be responsible for the completeness of this application. It is the applicant's responsibility to fill out the application form completely.

Initial:

\_\_\_\_\_

My employment history (if any) with the Oneida Tribe of Indians of Wisconsin may be utilized and/or reviewed in determining my eligibility for the position.

Initial:

\_\_\_\_\_

I hereby certify that all statements made on, or in connection with my application are true, complete and correct to the best of my knowledge. I also understand that employment and education verification will be conducted. **I understand that 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.**

Initial:

\_\_\_\_\_

All information derived pursuant to the employee background investigation will be confidential by the Oneida Tribe. This application becomes the property of the Oneida Tribe of Indians of Wisconsin.

Initial:

\_\_\_\_\_

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.

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**GAMING OPERATIONS APPLICANTS ONLY**  
**(INCLUDING SURVEILLANCE, MIS-GAMING, INTERNAL SECURITY)**

My signature below indicates my agreement with the following statements:

If employed by the Oneida Tribe of Indians of Wisconsin, I agree to submit to the jurisdiction of the Tribe, and all boards, agencies and tribunals of the Tribe.

I agree to abide by all applicable Tribal and federal laws, regulations and policies during my employment with the Oneida Tribe of Indians of Wisconsin.

I have read and understand the notices and NIGC requirements related to:

- (1) The Privacy Act of 1974,
- (2) False Statements,
- (3) Credit Reporting, and
- (4) Oneida Privacy Policy.

You may ask the HR Receptionist for a copy of the Privacy Act of 1974 and Oneida Privacy Policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Previous Address(es) for the last ten (10) years:

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

Have you ever received a pardon for a criminal offense? Yes / No

If yes, list when, where, and if it was tribal, state or federal.

(Use a separate sheet for continuation)

**(Please print legibly)**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #/ID: \_\_\_\_\_ State: \_\_\_\_\_ CDL License:  Yes  No

Gender:  Male /  Female Print Name: \_\_\_\_\_

**\*\*\*For HRD/Background/OGC To Complete\*\*\***

HR Rep: \_\_\_\_\_ Position: \_\_\_\_\_

Send Driver Abstract:  Yes /  No  Gaming Code: \_\_\_\_\_  
Date Sent: \_\_\_\_\_

Applicant meets the bonding/background criteria for the position applied for on this application **OR**

Applicant does not meet the bonding/background criteria for the position applied for on this application

\_\_\_\_\_  
Background Investigation Authorized Signature Date

\_\_\_\_\_  
Oneida Gaming Commission Member Signature Date

\_\_\_\_\_  
Oneida Gaming Commission Member Signature Date