



BEN HILL COUNTY BOARD OF COMMISSIONER

402 A EAST PINE STREET

FITZGERALD, GA 31750

(229) 426-5100

Steve Taylor - Chairman

Daniel Cowan- District 3

Bennie Calloway- District 2

John W. Mooney- District 3

Hope Harmon- District 2

APPLICATION FOR APPOINTMENT TO COMMITTEES AND BOARDS

The information provided on this form is for the use of the Ben Hill County Board of Commissioners in its deliberation to fill vacancies on committees, board and commissions. Applications may be submitted at any time and will be kept on file for a period of one (1) year. Applicants may be asked to attend a designated meeting of the County Board of Commissioners for application review and appointment consideration.

To which committee(s) or board(s) are you seeking appointment?

Ben Hill County Hospital Authority

Contact Information

Name: Lawton Lovett

Address: 173 Pines Rd

City, State, Zip Code: Fitzgerald Ga. 31750

Home Phone: 229-423-5748

Cell Phone: 229-

Work Phone: 229-468-2072

Email Address: llovett@windstream.net

Date available for appointment 3-1-19

County Commission District 003 Special West

Are you a registered voter in Ben Hill County? Yes No

Please complete the following. You may use additional sheets as needed.

Community Service

List boards, commissions, committees or community service organizations that you are currently serving or have served upon, offices held and in what municipality or county.

Worked with Great day of Service, Helped man severe weather
centers, Active in local church - Crossview - various ministry programs
over 40 yrs

Employment and Education

List any employment experience or education that, in your opinion, best qualifies you for this appointment. List job titles, duties (current and past), level of education and certificates or degrees you have obtained.

Currently employed at Winegrass Tech, 14 years. Worked at Gilman
Building products 23 yrs, served in US Navy 4 yrs - GMG-2 (ES)
Valdosta State B.S. Ed
ABAC Adv. Applied Science - Networking
Fitzgerald High

Have you ever worked for Ben Hill County? Yes No
If yes, please list dates and name(s) of departments.

Do you or your employer conduct business with Ben Hill County? Yes No
If yes, briefly describe the nature of the business.

Personal

Rules of law and ethics prohibit appointees from participating in and voting on matters in which they may have a direct or indirect financial interest. Are you aware of any potential conflicts of interest?

Yes No

If yes, please indicate potential conflicts.

Are you aware of the time commitment necessary to serve on the committee or board to which you seek appointment and will you have such time? Yes No

1. Do you own real property in Ben Hill County? Yes No
Are you current on your property Taxes? Yes No

2. You may be required to attend training courses outside of Ben Hill County. Reasonable travel expenses would be paid by Ben Hill County pursuant to its travel policies.

Are you willing and able to travel to attend training outside of Ben Hill County Yes No

3. Do you have any ownership interest in or have a

Primary shareholder's interest in any business or corporation? Yes No

If yes, state the business names(s) and whether they have an office in Ben Hill County

4. For purposes of this paragraph, the term "immediate family member" means any spouse, child, sibling, parent, grandparent, grandchild, aunt/uncle, or niece/nephew, whether related to you by blood, marriage, or legal adoption.

(a) Do you have an immediate family member who is an elected or appointed official?
 Yes No

If yes, state the family member's name, address, and position held:

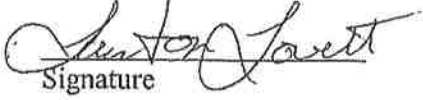
5. Do you have an immediate family member currently employed with:

| | | |
|------------------------|---|--|
| Ben Hill County | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| City of Fitzgerald | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fitzgerald Utilities | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Dorminy Medical Center | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

6. Do you understand that, if appointed, you will have a continuing duty to disclose any conflicts in writing, such as whether you are related to other members on your board, any employees of the board, and any elected officials or public officials, and whether you have any financial interest that could create a conflict? Yes No

Please provide information about specific training, education, experience or interests you possess that qualify you as an appointee to the position you seek.

I hereby certify that the preceding information is correct and to the best of my knowledge.


Signature

2.6.19
Date

Mail your complete application to:

Ben Hill County Board of Commissioners
402 A East Pine Street
Fitzgerald, GA 31750

Or

Fax your completed application to:

(229) 426-5630

Or

Email your completed application to:

dprather@benhillcounty.com

Thank you very much for giving us the opportunity to consider you for appointment.