

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?

Contact Information		
Name:		
Address:		
City, State, Zip Code:		
Home Phone:		
Cell Phone:		
Work Phone:		
Email Address:		
Date available for appointment		
County Commission District		
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.

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.

Have you ever worked for Ben Hill County?YesNo 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?YesNo

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 ____ Yes ___ No City of Fitzgerald ____ Yes ___ No Fitzgerald Utilities ____ Yes ___ No Dorminy Medical Center ____ Yes ___ 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

Date

Mail you 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.