

**AUGUSTA RICHMOND COUNTY
PERSONNEL STATEMENT
1815 MARVIN GRIFFIN ROAD
AUGUSTA GA 30906**

- 1) Full Name of Applicant: Mattison Solomon
- 2) Home Address: 2309 Fiercrest Road Augusta, GA 30904
- 3) Telephone #: _____ SS#: _____ Date of Birth: _____
- High School Diploma: Yes ☒ No _____ or GED: Yes _____ No ☒
- 4) Trade name of Business of which personnel statement is a part of: Seventy Bodyworks LLC
- 5) Business Address: 1433 Stouall Street, Suite 5 Augusta, GA 30904
- 6) Business Telephone: 762-328-0454
- 7) Position of Applicant in Business: Owner. Licensed Esthetician, Licensed Massage Therapist
- 8) Other names use by applicant: maiden name, names used in former marriages, alias, stagename, and or nicknames _____
- 9) Place of Birth: Statesboro, Georgia U.S. Citizen ☒ yes () no
- Naturalized: _____ Date, Place and Court: _____
- Certification No: _____
- 10) Martial Status: () Married () Divorced () Separated () Widowed () Single ☒
- 11) If married, divorced, or widowed, complete the information requested below.
- Full name of spouse: _____ SS# _____
- 12) Applicants: Height: 5'7 Weight: 178 lbs Age: 25
- Color Hair: Dark Brown Color Eyes: Dark Brown

13) Employment Records: (Give most recent experience first. If self-employed, give details.)

From		To		Occupation and Description of Duties Performed	Salaries Received	Employer	State	Reason for Leaving
Month	Year	Month	Year					
06	24	03	25	(massage LMT therapist)		Rosewater Spa & Wellness	GA	Start Business
03	24	Current		Certified Pharmacy Technician		Piedmont Augusta	GA	
03	23	12	23	LMT		Southern Chiropractic & Wellness	GA	moved locations/ graduated school
05	23	08	23	LMT		A Healing Oasis Luxury Spa	GA	wages, work unhealthily environment
08	23	09	23	LMT		Elements Massage	GA	Not enough pay.
01	22	01	23	Driver		Fed Ex Express	GA	Graduated School/work in career

14) List in reverse chronological order all of your residence for the past ten years.

From		Street	City	State
Month	Year			
03	2002	2309 Fieldcrest Road	Augusta	GA

15) References: Give three personal references, not relatives, former employers, fellow employees, or school teachers, who are responsible, reputable, adults, business or professional men or women, who have known you well during the past five years. (Name, residence, business, address, and number of years known). (In process of moving)

11 years Lauren Collins 706-526-8046 3232 S 28th St Apt 201 Alexandria VA 22302
 6 years Shania Moss 770-820-5627 3151 Mt Zion Rd apt 0309 Stock
 2 years Courtney Sykes 803-629-0658 501 Spears Creek Church Rd, Elgin, SC 29045

16) Military service: (Serial numbers, branch of service, period of service, type of discharge) N/A

17) Have you ever been arrested, or held by Federal, State, or other law enforcement authorities, for any violations of any federal, state, county or municipal law, regulation or ordinance? (Do not include traffic violations, unless they are offenses pertaining to alcohol or drugs, such as driving under the influence.) All other charges must be included even if they were dismissed: Give reason charged or held, date, place where charged and disposition. NO

18) Attach two (2) copies of driver's license and or picture I.D. to application.

Note: Before signing this statement, check all answers and explanations to see that you have answered all questions correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

VERIFICATION

State of Georgia Richmond County

I, Mattison Solomon do solemnly swear, subject to the penalties of false swearing that the statements and answers made by me as the applicant in the foregoing personnel statement are true.

Mattison Solomon
 Applicant's signature (Full name in ink)

I hereby certify that Mattison Solomon (the above signed person) is personally known to me, that he/she signed his/her name to the foregoing application stating to me that he/she knew and understood all statement and answers made therein, and, under oath

This April 17 day of April

in the year 2025

Cecilia A Woodruff
 Notary Public

Sheriff Department Approval _____ Disapproval _____

