

PERSONNEL STATEMENT
1803 MARVIN GRIFFIN ROAD
AUGUSTA, GA. 30906

1) Full Name of Applicant: Edward K. Wright
2) Home Address: 2020 Brighton Circle Augusta, GA 30906
3) Telephone #: 704 728 3170 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: _____
Wright Bodywork & Wellness Inc

5) Business Address: 807 Shannon Drive Augusta, GA 30907 (807)
6) Business Telephone: 704 728 3170

7) Position of Applicant in Business: Owner / Lead Therapist

8) Other names used by applicant: maiden name, names used in former marriages, alias, stage name and/or nicknames _____

9) Place of Birth: Augusta, Ga 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: Nicole Gripton-Wright SS# _____

12) Applicants: Height: 5'11" Weight: _____ Age: _____

Color Hair: Brown Color Eyes: Brown

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

see document attached

From		To		Occupation and Description of Duties Performed	Salaries Received	Employees	State	Reason for Leaving
Month	Year	Month	Year					
				Massage Therapist		1	Ga	

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

From		Street	City	State
Month	Year			
		2020 Brighton Circle	Augusta	GA
		3406 Camak Dr	Augusta	GA
		1002 Jefferson St	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).

Diedra Scott Augusta, Ga Spine Center Augusta 2 years
Shanita Banks Augusta, Ga Healing Hands SP 7
Franks Hyland Virginia Virginia State U. 22

16) Military service: (Serial numbers, branch of service, period of service, type of discharge) no

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. yes - document attached

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 herein.

VERIFICATION

State of Georgia Richmond County

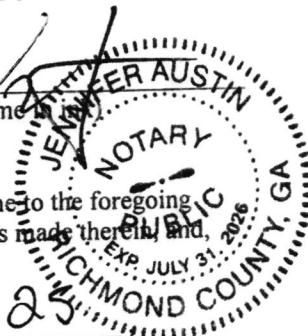
Edward Wright do solemnly swear, subject to the penalties of false swearing that the statements and answers made by me as the applicant in the forgoing personnel statement are true.

Applicant's signature (Full name) Edward Wright

I hereby certify that Edward Wright (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 statements and answers made therein and under oath.

This 5th day of Feb in the year 2025

Jennifer Austin
Notary Public



Sheriff Department Approval _____ Disapproval _____