PERSONNEL STATEMENT 1803 MARVIN GRIFFIN ROAD AUGUSTA, GA. 30906

1) Full Name of Applicant: Courney Gray
2) Home Address: 6133 Whirlaway Rd Graniteville SC 29820
3) Telephone #: 225-287-8347SS#: 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: Sevenity Day Spa LLC
5) Business Address: 3406 Middleton Dr Augusta 6A 30907
6) Business Telephone: 275 - 287 - 8347
7) Position of Applicant in Business:
8) Other names used by applicant: maiden name, names used in former marriages, alias, stage name and/or nicknames Courney Danielle Arbour
9) Place of Birth: Hammond, LA U.S. Citizen (Vyes () 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: David Gray SS# 439-81-1793
12) Applicants: Height: 5'5" Weight: 180 Age: 37
Color Hair: Bonde . Color Eyes: Green

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

From		То		Occupation and Description of	Salaries	Employees	State	Reason for Leaving
Month	Year	Month	Year	Duties Performed	Received		31	Treason for Deaving
08	2020	curr	ent	central operations	82,500			
07	2018	08	2020	in processing coordi	rater 24/	he		BAHER Opportunit
01	2018	07	2018	financial Add Advisor	17/h	-		
08	2017	12	2017	History Teacher Richmond Cty	30K+			Better opportuni Changed field
				-				

11/2015 1147 Fountain Glen Ct Lawrenceville GA 07/2014 12220 Pelicano Dr Apt 1604 ElPaso TX

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

	14) Dist in 10 voice our energy		T - T		¬\						
	From	Street	City	State	\ \						
	Month Year				\exists \						
	08 2023	6133 Whirlaway Rd	Chraniteville Denham Springs	SC	- 1						
	01 2073	1212 Beckley Hills Dr	EVANS	64	-						
	01 2022	4399 Forrest Dr	Martinez	6A	コノ						
	69 2017	2099 Willhaven Dr	Augusta	SA	- 00						
	De 2016	LOSD (rane Creek Dr	Augusts	GA-	for 2 mor						
	15) References: Give three person	onal references, not relatives, former em	ployers, fellow emplo	yees, or	addresses						
	school teachers, who are responsi	ble, reputable, adults, business or profes	ssional men or women	, who have							
	known you well during the past fi	ive years. (Name, residence, business, a	ddress, and number of	years							
204rs	known of all Col Alto	Macchant Ratio Rouse	A RECEDOR T	mixer 7918	s Rocky Trai						
20413	App. Roton Rouge, 1A 225	938-7898 (2) Toni Bush Buhirlaway Rd Frantoville	A.Ken County	The Floy	ver .						
	Institute MC, 10123	S Whirlaway Rd Granitaill	esc 298 29;	5 yrs C	zwakiaya 13						
	AKKEN (TOURN) I I HADON I ALZ	3 WHITAWAY KON COMMITTE	AIL SC CHOLI	>4rs							
	16) Military service: (Serial num	bers, branch of service, period of service	e, type of discharge)	NIA	_						
					_						
	17) Have you ever been arrested,	or held by Federal, State, or other law e	nforcement authorities	s, for any							
	violations of any federal, state, co	unty, or municipal law, regulation or ord	dinance? (Do not incli	ide traffic							
	violations, unless they are offense	s pertaining to alcohol or drugs, such as	driving under the influ	ience.) All							
	other charges must be included ev	en if they were dismissed: Give reason	charged or held, date,	place							
	where charged and disposition.	J IA			_						
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			. •								
	18) Attach two (2) copies of drive	er's license and or picture I.D. to applica	tion.		•						
		1	that you have one	wared all							
	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										
	questions correctly. This statemen	it is to be executed under oath and subje	ct to the penalties of it	1120							
	swearing, and it includes all attached sheets submitted herein.										
		VERIFICATION									
	South Caroline State of Georgia	VERIFICATION									
	State of Convoins	County									
	State of Georgia	-Ev 1 County									
	Courter oran	do solemnly swear, subj	ect to the penalties of	false							
	averaging that the statements and at	swers made by me as the applicant in the	ne forgoing personnels	statement							
	_	iswers made by me as the appreciant to	01								
	are true.										
		(anth	1001								
		Applicant's signature	e (Full name in in)								
	A.	100	0								
	I hereby certify that Court	en Gray									
	(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	e knew and understood all statements an	d answers made therei	n, and,							
	under oath.										
			2-1	ſ	_						
	This day of	he year 202		,							
		April Illend	1/00	Coni	nussin						
		allud	Kellen	exper	ر تد						
		- Notary Public		apr	ie 20,2						
		~			- 1						
	Sheriff Department Approval	Disapproval		•							
		7.									