PERSONNEL STATEMENT 1803 MARVIN GRIFFIN ROAD AUGUSTA, GA. 30906

1) Full Name of Applicant: Andrea Clotelia Williams
2) Home Address: 4092 Lakewood Drive Gnoretown GA 3083
3) Telephone # (706) 829-8038 SS#: Date of Birth
High School Diploma: Yes X No or GED: Yes No X
4) Trade name of Business of which personnel statement is a part of: Skin Truy Est hetics
9 Massage Salon, LC, Skin Invy Salon
5) Business Address: 3540 Wheeler ha, Ste 107, Augusta, Gn 30909
$-$. $(70L) \times 16 - \times 168$
7) Position of Applicant in Business: Druner / LPN / ACU/LE/LMT
(a) Other names used by applicant: maiden name, maines used in joiner marriages, and, stage
nicknames Amrea hoss, Andrea Copo
9) Place of Birth: A Wasta, GA U.S. Citizen (X yes () no
9) Place of Birth: A Wasta, GA U.S. Citizen (X yes () no
9) Place of Birth: Augusta, GA U.S. Citizen (Xyes () no Naturalized: Date, Place and Court: N/A
9) Place of Birth: A Wasta, GA U.S. Citizen (X yes () no
nicknames AMrca Docs, Anarez Cope 9) Place of Birth: Augusta, GA Naturalized: NA Date, Place and Court: NA Certification No: NA
nicknames AMrca 1) 055, Andrew Cope 9) Place of Birth: Augusta, GA U.S. Citizen (Xyes () no Naturalized: NA Date, Place and Court: NA Certification No: NA 10) Martial Status: (X) Married () Divorced () Separated () Widowed () Single
nicknames AMrca 1) 055, Andrew Copp 9) Place of Birth: Awsta, GA U.S. Citizen (Xyes () no Naturalized: NA Date, Place and Court: NA Certification No: Natural Status: (X) Married () Divorced () Separated () Widowed () Single 11) If married, divorced, or widowed, complete the information requested below.
9) Place of Birth: Awasa, GA U.S. Citizen (Xyes () no Naturalized: NA Date, Place and Court: NA Certification No: NA 10) Martial Status: (X) Married () Divorced () Separated () Widowed () Single 11) If married, divorced, or widowed, complete the information requested below. Full name of spouse: Franklin Oh-Williams, Tr. SS#

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	~	1	1:11-41-
Aug	2023	05	2025	Nursing-Home Health		8	GA	Resigned to per busies
SUN	2023	Presen		Persual core services		9	GA	NA

14) List in reverse chronological order all of your residence for the past ten years. State City Street From Giveron 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) is Ochorah hagin the 1008 35th St. Mount hainer, NO 2013, VAMC, Byears of Hown 154, AN. Marin Heather Somers, 2743, Varinete Pany, St. 110/Augusta Sh. A lexas Evans, St. 110/Augusta Sh. A lexas Evans, St. 110/Augusta Sh. A lexas Evans, Sh. Ochor, 365 Brentford Ave, Grove 100m, CA 30613, Zychors 16) Military service: (Serial numbers, branch of service, period of service, type of/discharge)

USAF DEAIR National Guard, E4, 04/1999 - 44 2008, Honoral 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. where charged and disposition. 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 Kichmond County Amrea C. Williams 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 in ink) I hereby certify that Andrea C. Williams (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. day of July Disapproval Sheriff Department Approval