

**PERSONNEL STATEMENT**  
**1803 MARVIN GRIFFIN ROAD**  
**AUGUSTA, GA. 30906**

- 1) Full Name of Applicant: Miranda Wade
- 2) Home Address: P.O. BOX 5326 Augusta, Ga 30916
- 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: Miranda's Therapeutic Massage
- 5) Business Address: 3958 Wrightboro Rd Suite C 30909
- 6) Business Telephone: 478 206 7146
- 7) Position of Applicant in Business: Owner
- 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: Percy Hov. SS# ?
- 12) Applicants: Height: 5'2" Weight: 145 Age: 47
- Color Hair: Brownish Black Color Eyes: Brown/Black
- 13) Employment Records: (Give most recent experience first. If self-employed, give details)

From		To		Occupation and Description of Duties Performed	Salaries Received	Employees	State	Reason for Leaving
Month	Year	Month	Year					
10	2011	Present		Owner Therapeutic Massage Business	Varies (I)		GA	Currently employed
04	2011	Present		Substitute teacher (ROBTE)	\$83.00 per session after taxes		GA	Currently employed

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

From		Street	City	State
Month	Year			
02	2015	1158 W. 11th St.	Highland	GA
12	2011	P.O. Box 2326	Atlanta	GA
04	2009	5105 Williams Road	Boulder	CO
05	2007	6132 Habitat Dr.	Boulder	CO

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).

Mrs. Anna Freeman (2nd mom) all my life has known me  
 1016 1/2 699-2106  
 Randy Wade (1st mom) 904 523 4071  
 Mrs. Banks colleague in teaching 706 373 6076

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.

N/A

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

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.

Miranda  
 Applicant's signature (Full name in ink)

I hereby certify that Miranda Wade  
 (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 17th day of January

Notary Public

Disapproval

Sheriff Department Approval

