|       | AUGUSTA RICHMOND COUNTY<br>PERSONNEL STATEMENT<br>1815 MARVIN GRIFFIN ROAD   |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|
|       | AUGUSTA GA 30906   |  |  |  |  |  |  |  |
| 1)    | Full Name of Applicant: UUI Q Ann King   |  |  |  |  |  |  |  |
| 2)    | Home Address: 4021 Bridle Path Dr. Hephzibah, Gia. 30815   |  |  |  |  |  |  |  |
| 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: <u>BEIIQDONDA AESTHETICS</u>   |  |  |  |  |  |  |  |
| 5)    | Business Address: BILLA AUGUSTA TECH Dr. AUGUSTA, GIA. 30906   |  |  |  |  |  |  |  |
| 6)    | Business Telephone: (706) 558 - 5308   |  |  |  |  |  |  |  |
| 7)    | Position of Applicant in Business: OWNER IOPERATOR   |  |  |  |  |  |  |  |
| 8)    | Other names use by applicant: maiden name, names used in former marriages, alias, stagename, and or nicknames  |  |  |  |  |  |  |  |
| 9)    | Place of Birth: <u>AUQUSTA</u> , GA. U.S. Citizen (Tyes () no  |  |  |  |  |  |  |  |
|       | Naturalized: Date, Place and Court:  |  |  |  |  |  |  |  |
|       | Certification No:  |  |  |  |  |  |  |  |
| 10) I | Martial Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single (  |  |  |  |  |  |  |  |
| 11) I | If married, divorced, or widowed, complete the information requested below.  |  |  |  |  |  |  |  |
| ł     | Full name of spouse:SS#_SS#SS# |  |  |  |  |  |  |  |
| 12) / | Applicants: Height: Age:   |  |  |  |  |  |  |  |
| (     | Color Hair:Color Eyes:   |  |  |  |  |  |  |  |

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

| From  |      | То    |      | Occupation and Description of | Salaries | Employer                        | State | Reason for Leaving                    |  |
|-------|------|-------|------|-------------------------------|----------|---------------------------------|-------|---------------------------------------|--|
| Month | Year | Month | Year | Duties Performed              | Received |                                 |       |                                       |  |
| 12    | 21   |       |      | Master                        | \$20K    | <b>Belladonna</b><br>Aesthetics | GK    | Current                               |  |
|       |      |       |      |                               |          |                                 |       |                                       |  |
|       |      |       |      |                               |          |                                 |       |                                       |  |
|       |      |       |      |                               |          |                                 |       | · · · · · · · · · · · · · · · · · · · |  |
|       |      |       |      |                               |          |                                 |       | <u></u>                               |  |
|       |      |       |      |                               |          |                                 |       |                                       |  |
|       |      |       |      |                               |          |                                 |       |                                       |  |

| 14) List in | reverse chronol | ogical order all of your residence for the | City          | State |
|-------------|-----------------|--|---------------|-------|
| From        |                 | Street                                     |               |       |
| Month       | Year            |  | r. Hephzibah  | 610.  |
| 11          | 1997            | 4021 Bridle Path D                         | · Inchiertain |       |
|             |                 |  |               |       |
|             |                 |  |               |       |
|             |                 |  |               |       |
|             |                 |  |               |       |
|             |                 |  |               |       |

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

J.

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.   | rs) |
|---|-----|
| TATIVAL INAS IT. (106) 8510407 UNICS DUMULEDUCES  | : J |
| ULTITE VOICES OF CTOGE 4987 GG. Army national Guard (5.   | Yr. |
| Eric Givens (106) 110 1825 2425 Augusta School of   | •   |
| Cristing raum (706) 825 2925 months of discharge (1)  | -   |
| 16) Military service: (Serial numbers, branch of service, period of service, type of discharge) |     |
| Georgia Army Actional avand honorable   | -   |
| acorgin himy nano sa goard, non and   |     |
|   |     |

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 no 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.

18) Attach two (2) copies of driver's license and or picture 1.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    | RICHMON  | JD | _County  |   |   |  |
| Autio               | VINO     |    | do solemnly swear, subjection foregoing personnel statem | ect to the penalties<br>tent are true.  | s of false swearing that the                                    |  |
|                     |          |    | Applicant's signature (                                  | $\leq$ '                                |   |  |
| therin and under oa | th       |    |  | e signed person) is<br>and understood a | e personally known to me, that<br>Il statement and answers made |  |
| Sheriff Department  | Approval |    | Notary Public  |   | NOTAS COMMISSION EXAMPLE<br>OLUMBER 17. 2016<br>OUNTY, GENIL    |  |