HOLLY HILL
FLORIDA

Law Enforcement Application

Please take your time to fill out all areas of the application. Be as complete and accurate as possible.

Personal Data

Contact

First Name: Alton
Middle Name: Guy
Last Name: Ogden
Suffix: IV

List any other names you have used or been known by, including nicknames, maiden surnames, etc.: N/A

Current Residential Address: [redacted]

City: [redacted]
State: Florida
Zip Code: [redacted]

Primary Phone: [redacted]
Alternate Phone:
Email Address: [redacted]

Please list all emails that you use, other than the email with which you registered. (use N/A if not applicable): [redacted]

Physical Description

Height: 6'4"
Weight: 230
Hair Color: Brown
Eye Color: Brown
Gender: Male

Tattoos (Description & Location - use N/A if not applicable): N/A

Education Information

High School

High School Name: Seabreeze High School

Did you graduate? ○ Yes ○ No ◉ GED

City: Daytona Beach

State: Florida

College/University

Name of College/University/Other: University of Central Florida

Did you graduate? ○ Yes ◉ No

Graduation Date: 01/01/2014

City: Daytona Beach

State: Florida

Degree: Bachelor of Science

Major: Criminal Justice

Employment Information

Please enter at least 10 years of work history

Employer

Employer: City of Bunnell Police Department

Start Date: 01/01/2022

End Date: 03/16/2025

Address(include City and State): P.O. Box 756 Bunnell, Fl.

Job Title: Police Officer

Description/Duties: Road Patrol Supervisor

Reason for leaving?: Currently employed

Supervisor Name: Shane Groth

Supervisor Phone Number/Email: 386) 437-7508

May we contact for reference? ○ Yes ○ No ◉ Later

Employment Information

Please enter at least 10 years of work history

Employer

Employer: Daytona Beach Shores Police Department

Start Date: 08/01/2017

End Date: 08/01/2020

Address(include City and State): 3050 S Atlantic Ave, Daytona Beach Shores, FL 32118

Job Title: Public Safety Officer

Description/Duties: Police, Fire, EMT

Reason for leaving?: Annual evaluation probation, released on probation no misconduct

Supervisor Name: Sgt. Phillips

Supervisor Phone Number/Email: (386) 763-5321

May we contact for reference? ◯ Yes ◯ No ◉ Later

Employment Information

Please enter at least 10 years of work history

Employer

Employer: New Smyrna Beach PD

Start Date: 02/01/2016

End Date: 08/01/2017

Address(include City and State): 246 Industrial Park Ave, New Smyrna Beach, FL 32168

Job Title: Police Officer

Description/Duties: Law enforcement operations

Reason for leaving?: New position at new law enforcement agency

Supervisor Name: Sgt. Claudio

Supervisor Phone Number/Email: (386) 424-2220

May we contact for reference? ◯ Yes ◯ No ◉ Later

Marital Status & Spouse Information

Current Marital Status: Never Married

Complete the following about your current spouse only:

First Name	Middle Name	Last Name
N/A		

Current Address (include City, State, Zip)

Primary Phone	Employer	Occupation

Cohabitant

Do you presently reside with a cohabitant? No

If yes, please list:

First Name	Last Name	Employer	Occupation

Dependent Children

Do you currently have any dependent children? Yes

If yes, please list:

First Name	Last Name	Age
[redacted]	[redacted]	[redacted]

Dependent Children

Do you currently have any dependent children? Yes

If yes, please list:

First Name	Last Name	Age
[redacted]	[redacted]	[redacted]

Residences

List the places you have lived beginning with your present address and working back 10 years. Residences for the entire period must be covered with no breaks. Indicate the actual physical location of the residence, not a Post Office Box or permanent address when you were not physically located there. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

Address(Include City, State, and Zip)	From:	To:
[redacted]	[redacted]	[redacted]

Owned/Rental

Owned

Residences

List the places you have lived beginning with your present address and working back 10 years. Residences for the entire period must be covered with no breaks. Indicate the actual physical location of the residence, not a Post Office Box or permanent address when you were not physically located there. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

Address(Include City, State, and Zip): [redacted]

From: [redacted]

To: [redacted]

Owned/Rental: Rental

Residences

List the places you have lived beginning with your present address and working back 10 years. Residences for the entire period must be covered with no breaks. Indicate the actual physical location of the residence, not a Post Office Box or permanent address when you were not physically located there. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

Address(Include City, State, and Zip): [redacted]

From: [redacted]

To: [redacted]

Owned/Rental: Rental

Residences

List the places you have lived beginning with your present address and working back 10 years. Residences for the entire period must be covered with no breaks. Indicate the actual physical location of the residence, not a Post Office Box or permanent address when you were not physically located there. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

Address(Include City, State, and Zip): [redacted]

From: [redacted]

To: [redacted]

Owned/Rental: Rental

Residences

List the places you have lived beginning with your present address and working back 10 years. Residences for the entire period must be covered with no breaks. Indicate the actual physical location of the residence, not a Post Office Box or permanent address when you were not physically located there. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

Address(Include City, State, and Zip): [redacted]

From: [redacted]

To: [redacted]

Owned/Rental: Rental

Basic Licensing Course

If you have ever attended a basic licensing course, please complete the following for each course you have taken

Academy Name	Did you graduate?	Start Date	End Date
Daytona State College Law Enforcement Aca	(•) Yes ( ) No	10/01/2014	05/01/2015

City	State
Daytona Beach	Florida

Name of Training Coordinator	Contact Number
Currently Mr. Evan Doyle	386) 239-6522

Skills

Office & Other Skills: including supervision skills, other languages or information regarding the career/occupation you wish to bring to the City's attention.

Majority of Microsoft applications. Majority of Volusia and Flagler law enforcement applications. Numerous training certificates.

Citations/Violations

Have you ever received a citation, ticket, or summons issued by a law enforcement officer or traffic enforcement office in any jurisdiction? (please include Red Light Camera citations)

Yes

Have you ever been charged with a criminal traffic offense? (i.e. reckless driving, traffic homicide, DWI, etc.) No

If you have previously held a Commercial Driver's License, have you ever been cited for any violation of the Federal Motor Carrier Compliance Regulations or comparable state law or regulation?

No

If you answered 'yes' to any of the three previous questions, please provide more detail:

Nature of Violation	Date Violation Occurred (Month/Year)
Speeding, Careless	01/2006 to 01/2010

Court of Jurisdiction	Disposition
Volusia County	Paid

Accidents

- List all accidents you have been in within the past seven years.

Law Enforcement Agency	Date	Accident Type	Police Report
Daytona Beach P.D.	07/01/2024	Injury	Yes

Location (Include Street Address, City, State and Zip)

Beville Rd. & Williamson Daytona Beach, Fl. 32119

Military Service

Branch	From	To
USMC	08/01/2008	01/01/2010

Provide your current status:	Type of Discharge	Provide reason if discharge is other than honorable:
Discharged	Other than Honorable	Drug usage

Provide your Military Occupational Specialty (MOS)

0311

Re-entry Code (1-4) if applicable; refer to your DD-214

HKK1

Please list your military duty stations and deployments:

Post/Deployment:	N/A	From:		To:	
Post/Deployment:		From:		To:	
Post/Deployment:		From:		To:	
Post/Deployment:		From:		To:	

Additional Military Questions

Training & Honors

Please list significant military schools, training, and qualifications:

Rifleman

Please list awards, decorations and commendations received: (Must be verified by DD-214):

Good conduct metal

Military Discipline

Were you ever subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such a Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.?

Yes

If yes, provide date of the Court Martial of disciplinary procedure:	Location of the disciplinary action:	Country, if overseas:
12/01/2009	Hawaii	N/A

Provide a description of the UCMJ or other offense(s) for which you were charged:

Charged with the usage of ectasy.

Provide a description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, company level discipline, etc.

Reduced to PFC, given administrative separation and other than honorable discharge with no criminal charges.

People Who Know You Well

Provide the names and contact information for three people who know you well and who preferably live in the area. They should be friends, colleagues, peers, roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school or neighborhood, and whose combined association with you covers at least the past seven (7) years. Do not list your spouse, former spouse, other relatives, or anyone listed elsewhere in this application.

Full Name: [redacted]

Relationship: Friend/Co-worker

Years Known: 3

Address(including City, State, Zip): [redacted]

Home/Cell Phone: [redacted]

Work Phone:

Email: [redacted]

Employer: [redacted]

Title/Rank: [redacted]

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Provide the names and contact information for three people who know you well and who preferably live in the area. They should be friends, colleagues, peers, roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school or neighborhood, and whose combined association with you covers at least the past seven (7) years. Do not list your spouse, former spouse, other relatives, or anyone listed elsewhere in this application.

Full Name: [redacted]

Relationship: Friend

Years Known: 10

Address(including City, State, Zip): [redacted]

Home/Cell Phone: [redacted]

Work Phone:

Email: [redacted]

Employer: [redacted]

Title/Rank: [redacted]

People Who Know You Well

Provide the names and contact information for three people who know you well and who preferably live in the area. They should be friends, colleagues, peers, roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school or neighborhood, and whose combined association with you covers at least the past seven (7) years. Do not list your spouse, former spouse, other relatives, or anyone listed elsewhere in this application.

Full Name: [redacted]

Relationship: Friend

Years Known: 8

Address(including City, State, Zip): [redacted]

Home/Cell Phone: [redacted]

Work Phone:

Email: [redacted]

Employer: [redacted]

Title/Rank: [redacted]

Applicant Statement

The City of Holly Hill does not discriminate on the basis of race, color, sec, national origin, religion, age, disability, political affiliation or any other protected class in employment.

I have completed this application and any attachments with the knowledge, understanding and consent that any or all items contained herein are subject to investigation prescribed by law and that omission, falsification, or misrepresentation may be grounds for rejection of this application or termination from employment. I understand that the City of Holly Hill is a drug free workplace and that applicants, as a condition of employment may be subject to drug testing in accordance with federal, state and local statues. I consent to release of information to authorized employees of the City of Holly Hill concerning my capacity, fitness and suitability for the position applied for.

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Please select 'I agree' below:

I agree

Signature