POLICE DEPARTMENT
CITY OF NEW SMYRNA BEACH

246 Industrial Park Avenue
New Smyrna Beach, FL 32168
(386) 424-2220

Pre-Employment Investigation

Applicant:	**HOTTENSTEIN, DAVID**
Position:	**COMMUNITY SERVICE AIDE**
	Moved to Police
Case#:	**CV 24-01-002**

NEW SMYRNA BEACH POLICE DEPARTMENT

BACKGROUND INVESTIGATION – APPLICANT INFORMATION CHECKLIST (CIVILIAN)

Applicant Name: David Hohenstein

Case #: CV24-01-0152

COVER SHEET					
Review Log	☐	Background Summary	☐	Applicants Photograph	☐

SECTION I – RED TAB			
Birth Certificate	☑	Social Security Card	☑
HS Diploma / GED	☐	FL Driver's License	☑
DD-214 ☐ N/A	☐	Background Waiver	☑

SECTION II – CLEAR TAB	
City Application	☑

SECTION III – BLUE TAB			
FCIC/NCIC	☑	FINDER	☑
Criminal History	☑	PACER	☑
CCIS	☑	INTERPOL	☑
Clerk of Court	☑	Dept. of Agriculture	☑
RMS	☑	Selective Service	☑

NOTES:

NEW SMYRNA BEACH POLICE DEPARTMENT

BACKGROUND INVESTIGATION – APLLICANT INFORMATION CHECKLIST (CIVILIAN)

Applicant Name: _____

Case #: _____

SECTION IV – ORANGE TAB			
Driving History	☑		
Credit Report	☑	Score: 770	Date Rec'd: 2/16/24
Employment Check	☑	COMPLETED BY HR	
References	☑	COMPLETED BY HR	

NOTES:

_____

_____

_____

_____

SECTION V – YELLOW TAB	
Social Media Check	☑
FCRA	☐

NOTES:

_____

_____

_____

SECTION VI – GREEN TAB

College Degrees, Misc. Information, Supporting Documentation, Additional Training, ETC.

_____

_____

_____

_____

NEW SMYRNA BEACH POLICE DEPARTMENT

BACKGROUND INVESTIGATION – APLLICANT INFORMATION CHECKLIST (CIVILIAN)

Applicant Name: _____

Case #: _____

SECTION VII – PINK TAB		
Oral Board	☐	- ON FILE WITH HR

NOTES:

_____

_____

_____

_____

SECTION VIII – AMBER TAB				
Local Agency Check	☐	Out of Area/State	☐	N/A ☐

NOTES:

_____

_____

_____

_____

INVESTIGATION STATUS			
COMPLETED	☐	SUSPENDED	☐

COMMENTS:

_____

_____

_____

_____

NEW SMYRNA BEACH POLICE DEPARTMENT

*******During add/removal stages, please pass along to the next person on the list. Once completed, please return to Tracie Lesperance, Executive Assistant***

Officer / Employee Name: HOTTENSTEIN, DAVID **ID#** 2028 **Hire Date:** 3.4.24

Position: CSA **Termination Date:**

ASSIGNED	PROGRAM	DATE ENTERED	DATE REMOVED ALL MUST BE REMOVED NO LATER THAN 7 DAYS FROM TERMINATION DATE.
LESPERANCE	IA PRO	3.4.24	
LESPERANCE	ID CREDENTIALS	2.29.24	
LESPERANCE	PEACEQ MDE	2.29.24	
LESPERANCE	ATMS		
LESPERANCE	NOTIFY FONDA	3.4.24	
LESPERANCE	MAILBOX	2.29.24	
OLDHAM	LPR-Sworn only/MB		
KIRK	CODE RED		
WILLEMS	FCIC / NCIC	3.4.24	MUST BE REMOVED SAME DAY.
WILLEMS	OPSMAN		
WILLEMS	FBI RAP-BACK		
SYDESKI	POWER DMS	3/5/24	
SHARKEY	ADORE	N/A	N/A
SHARKEY	DAVID	3/7/24	9/5
SHARKEY	TRACS	N/A	N/A
SHARKEY	POLICE ONE	3-5-2024	
SHARKEY	CENTRAL SQUARE	3-6-2024	
KIRKLAND	FALCON (REMOVE ONLY)	N/A	
HELP DESK	AXON REMOVAL	N/A	

NOTE: All program registrations (Hire) or removals (Terminations) must be completed within 7 days per directive policy. All assigned to complete this form should return it to Administrative Specialist promptly to meet this requirement.

Employee ID#: 028
Start Date: 3·4·24
Sworn: ☐ Civilian: ☒ Volunteer: ☐

City of New Smyrna Beach
Employee Questionnaire 2024

Name: David Hottenstein Date: 03/04/2024

Preferred Name: David Phone Number: [redacted]

Address: [redacted]

Email address: [redacted]@901.com

SS#: [redacted] D.O.B [redacted]

Gender: (M) (F) Marital Status: Married M Single

Driver's License Number: [redacted] Driver License Type: CLASS A

State: FL Expiration Date: 04/14/2031 CDL: (yes) A no

Education (circle highest level completed): (High School Diploma/GED) Associate's Degree

Bachelor's Degree Master's Degree Other : Corrections

RACE (Check one):

African American or Black: Alaskan Native or Native American: Asian:

Hispanic or Latino: Native Hawaiian or Pacific Islander X White (Not Hispanic or Latino):

Two or More Races: Other: (Please Specify)

Are you bilingual: (Y) (N) Language in addition to English:

U.S. Military Service: (Y) (N) X Branch of Service:

Dates of Active Duty: / / to / /

Type of Discharge:

Emergency Contact Name: PJ Hottenstein Relation: Spouse

Phone#: [redacted]

Emergency Contact Name: Chelsea Hottenstein Relation: Daughter

Phone#: [redacted]

NEW SMYRNA BEACH POLICE DEPARTMENT

Identification Card Receipt Acknowledgement

I, David P Hottenstein acknowledge receipt of a New Smyrna Beach
(Print Name/Employee ID#)

Police Department Identification Card as a CSA.
Position/Department

I understand and fully agree to the return of said card upon my resignation and/or other reasons.

Signed this 4th day of March, _____.

Signature

ID/Pass issued by _____

✓ Fingerprints completed-attach Livescan confirmation, FP card*
✓ FCIC/NCIC Certificate-attach to confirm completion*

*Attached documents to be stored in personnel file after review for ID issue.

Personnel Action Form

(Reset)

TO COMPLETE THIS FORM: *Please check the action below. Be sure to type or print clearly*	EFFECTIVE DATE OF ACTION	DATE COMPLETED
	03/04/24	**02/27/24**

ACTION: [X] New Hire [ ] Rehire [ ] Status Change [ ] Personal Changes [ ] LOA [ ] Return From LOA [ ] Termination

SECTION 1: BASIC INFORMATION (Completed for all Action Forms)

FULL NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	MARITAL STATUS	EMPLOYEE NUMBER
Hottenstein, David			**2028**

ADDRESS (Street, City, State, Zip Code)	DATE OF BIRTH	PHONE NUMBER
[redacted]		[redacted]

DEPARTMENT NAME	DEPARTMENT NUMBER	PHONE NUMBER
Police	**030**	

SUPERVISOR/DEPARTMENT HEAD	EMPLOYEE E-MAIL
William Helms / Jason Reve	**dhottenstein@cityofnsb.cc**

SECTION 2: NEW HIRE, REHIRE

STATUS (Check One): [X] Full Time [X] Non-Exempt [ ] Temporary [✓] Yes - Safety Sensitive
[ ] Part Time [ ] Exempt [ ] Contract [ ] No - Safety Sensitive

DATE OF HIRE	ADJUSTED HIRE DATE	VETERAN Check if YES	SEX	RACE (check one)
3/4/24		[ ]	**M**	[ ] White [ ] Hispanic [ ] Alaskan [ ] Native HI or other Pacific Islander [ ] Black [ ] Asian [ ] Two or more

ANNUAL HOURS	BASE HOURLY RATE	ANNUAL SALARY	ACCRUAL CODE
2080	**$ 18.5061**	**$38,492.65**	**General**

RETIREMENT PLAN	POSITION TITLE	POSITION CLASS	POSITION NUMBER
Mission Square	**Community Service Aide**	**1560**	**1560001**

SECTION 3: EVALUATION

END OF PROBATION	[ ]
ANNUAL EVALAUTION	[ ]
EXTENDED	[ ]
90 DAY REVIEW	[ ]
120 DAY REVIEW	[ ]
NEXT REVIEW DATE	

SECTION 4: STATUS CHANGES

[ ] Rate Change [ ] Promotion [ ] End of Probation [ ] Transfer [ ] Scheduled Hour Change [ ] Demotion
[ ] Suspended w/o Pay [ ] LWOP [ ] LOA (Complete Sec. 5) [ ] Other:

FROM OLD	TO NEW	NEW DATA
Bi-Weekly Hours	Bi-Weekly Hours	Department
Base Hourly Rate	Base Hourly Rate	Position Title
Annual Salary	Annual Salary	Position Class / Position Number
	Percent Change	Reclass [ ] Yes [ ] No

SECTION 5: LEAVE OF ABSENCE, RETURN FROM LEAVE OF ABSENCE

DATE LOA BEGINS	EXPECTED RETURN DATE	LAST DAY WORKED

REASON [ ] Workers Comp [ ] Disability [ ] FMLA [ ] Other (please explain)

EXTENSION: ORIGINAL RETURN DATE / NEW RETURN DATE	REASON FOR EXTENSION	RETURNED FROM LOA ON

SECTION 6: TERMINATION

ELIGIBLE FOR REHIRE

Check One: [ ] Resignation [ ] Discharged [ ] Resigned without proper notice [ ] Retired [ ] Layoff [ ] Yes [ ] No

LAST DAY WORKED	PL HOURS DUE	BANKED HOURS DUE	PL CASH IN

SECTION 7: AUTHORIZED SIGNATURES

DEPARTMENT MANAGER	DATE	DEPARTMENT HEAD	DATE
		[signature]	2/28/24
HUMAN RESOURCES	**DATE**	**ASSISTANT CITY MANAGER**	**DATE**
CITY MANAGER			**DATE**

SECTION 8: COMMENTS

please add prorated floating holiday hours

[ ] - Personnel File [ ] - Payroll [ ] - Employee [ ] - Deparment [ ] - Human Resources

City of New Smyrna Beach

February 22nd, 2024

David Hottenstein
[redacted]

Mr. Hottenstein;

I am pleased to extend an offer of full-time employment as a Community Service Aide for the City of New Smyrna Beach, with a tentative start date of March 4th, 2024. You will be reporting to Sergeant William Helms.

This letter documents the terms and conditions of the City's employment offer and your acceptance of this offer. This offer of employment is contingent upon successful completion of reference, background checks physical and drug screen. Your expected employment start date will be determined. The terms and conditions of this offer are as follows:

1. Wages – Your starting hourly wage is $18.5061 per hour for this non-exempt position. All new employees serve a six-month probation period. Your annual performance evaluation will occur on your anniversary each year. Salary adjustments will occur as part of the annual general wage increase as approved by the City Commission.
2. Regular Employee Benefits – All benefits for regular full-time employees will be offered to you. These benefits presently include employee coverage for: health insurance, life insurance, short-term disability insurance, dental insurance (option to purchase dependent coverage where applicable). Adjustments in these benefits are made from time to time by City Commission action. A benefits booklet is attached for your reference.
3. Deferred Compensation Plan – Deferred Compensation Plan – The City will contribute 8% of base pay to a 401a plan through Mission Square on your behalf. You will become fully vested in the plan after five (5) years of service (20% per year). Employee contributions are not required to participate in this plan. You may elect to participate in a deferred 457b plan with Mission Square or Nationwide making your own contributions, if you elect to participate, the City will match your contributions up to 2%.
4. Personal Leave – You will accrue personal leave in accordance with the City's Personnel Policies and Procedures; 152 hours per fiscal year.
5. Holidays – The City observes nine holidays each calendar year and regular full-time employees receive thirty-two (32) floating holiday hours per fiscal year.

6. At-Will Employment – Your employment shall not be interpreted as a contract of employment for any term or to guarantee any right of continued employment or any benefit provided by the Ordinances and/or policies provided by the City of New Smyrna Beach. Employment may be terminated at the will of either party at any time, with or without cause and with or without notice by either party. Nothing herein should be construed to limit the City's right to demand that you give said notice to separate from employment with the City of New Smyrna Beach at an earlier date. Any other arrangement, agreements, or understandings regarding the terms of employment are hereby canceled and superseded.

David, we welcome you to the City of New Smyrna Beach.

If you wish to accept the offer, please sign in the place provided below and return to me via email or by faxing to Human Resources at 386-202-2849.

Sincerely,

Heather Kidd
Human Resources Director

I agree to the terms of the employment offer set forth above.

Signature

2-23-24
Date

APPLICANT
* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

FD-258 (Rev. 5-15-17) 1110-0046

LAST NAME NAM: HOTTENSTEIN, DAVID PAUL

FIRST NAME

MIDDLE NAME

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

ORI: FL0640300 PD NEW SMYRNA BCH, FL

RESIDENCE OF PERSON FINGERPRINTED [redacted]

DATE OF BIRTH [redacted]

CITIZENSHIP	SEX	RACE	HGT.	WGT.	EYES	HAIR	POB
CTZ: US	M	W	508	210	HAZ	BAL	OH

DATE

YOUR NO. OCA

EMPLOYER AND ADDRESS

NEW SMYRNA BEACH POLICE DEPT.
246 INDUSTRIAL PARK AVE.
NEW SMYRNA BEACH, FL 32168

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

SOC [redacted]

MNU

LEAVE BLANK

CLASS

REF

REASON FINGERPRINTED

BACKGROUND CHECK
70LX64D000000000002806

1. R

2. R. IND

3. R

4. R. RING

5.

6. L. THUMB

8. L. M

9. L.

10.

LEFT FOUR FINGERS TAKEN SIMULTA

L. THUMB

R. THUMB

R FINGERS TAKEN SIMULTANEOUSLY

APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

This form shall be completed and signed by every applicant for background screening purposes. It is recommended that a copy of the signed acknowledgement be securely retained in the applicant's personnel file for the duration of their employment with the agency.

I hereby authorize the New Smyrna Beach Police Department to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.

I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- If New Smyrna Beach Police Department policy permits, the New Smyrna Beach Police Department may provide me with a copy of my FBI criminal history record for review and possible challenge.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature: _____

Date: 03/04/2024

Printed Name: DAVID HOTTENSTEIN

Date of Birth: 04/14/1974

FDLE Information Notification System

Sent Date: 3/4/24 11:40 AM Purge Date: 8/31/24 11:40 AM Mail Ref.No: ORG000059-10491239

Subject : *Results of check for HOTTENSTEIN, DAVID PAUL (70LX64D000000000002806)*

***** Applicant Information As Submitted In Transaction *****

Applicant SSN: [redacted]
Applicant Name: HOTTENSTEIN, DAVID PAUL
Applicant Alias Name(s):
Applicant Race: W
Applicant Sex: M
Applicant Birthdate: [redacted]
Applicant Address: [redacted]
Applicant Place of Birth: [redacted]
Applicant Eye Color: HAZ
Applicant Hair Color: BAL
Applicant Height: 508
Applicant Weight: 210

Submitted ATN:
Submitted OCA:
Submitted MNU 1:
Submitted MNU 2:
Submitted MNU 3:
Submitted MNU 4:
Submitted OCP:
Submitted TSR:
Submitted DPR: 20240304

Customer ORI Number: FL0640300
Customer Name: PD - NEW SMYRNA BEACH POLICE DEPARTMENT

Livescan Device Number: LSD000848
Livescan Device Owner: PD - NEW SMYRNA BEACH POLICE DEPARTMENT

TCN: 70LX64D000000000002806

***** Florida Criminal History Record Response Listed Below *****

There Was NO Florida Criminal History Record Identified.

***** National/FBI Criminal History Record Response Listed Below *****

There Was NO National/FBI Criminal History Record Identified.

******NATIONAL/FBI RAP BACK SUBSCRIPTION RESPONSE LISTED BELOW******

Subject : *Results of check for HOTTENSTEIN, DAVID PAUL (70LX64D000000000002806)*

This transaction has been successfully subscribed and retained as a part of the National Rap Back Service.
Rap Back Subscription Identifier: 40063481684
Event Identifier: 40490137550

Subject : *Results of check for HOTTENSTEIN, DAVID PAUL (70LX64D000000000002806)*

Authority For Release of Information
(Background Investigation Waiver)

To: ***Concerned Person or Authorized Representation of Any Organization, Institution or Repository of Records***

APPLICANTS NAME: David Hottenstein
DATE OF BIRTH [redacted]
SOCIAL SECURITY #: [redacted]

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: New Smyrna Beach Police Department

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, ad employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information of photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:
NEW SMYRNA BEACH POLICE DEPARTMENT 246 Industrial Park Avenue, New Smyrna Beach, FL 32168

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statuses.

Applicant's Signature — 2-12-24 Date

David P Hottenstein JR
Applicant's Printed Name

AFFIDAVIT

STATE OF Florida COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me by means of Physical Presence [X] OR Online Notarization [ ] this 12th day of February, year 2024, By David Hottenstein [redacted]

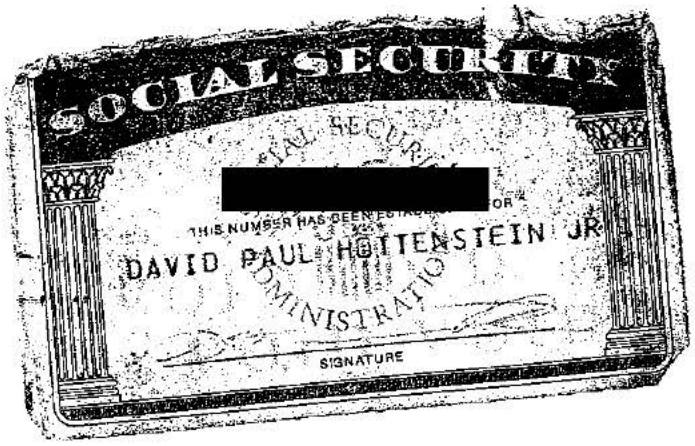
Signature of Notary Public – State of Florida

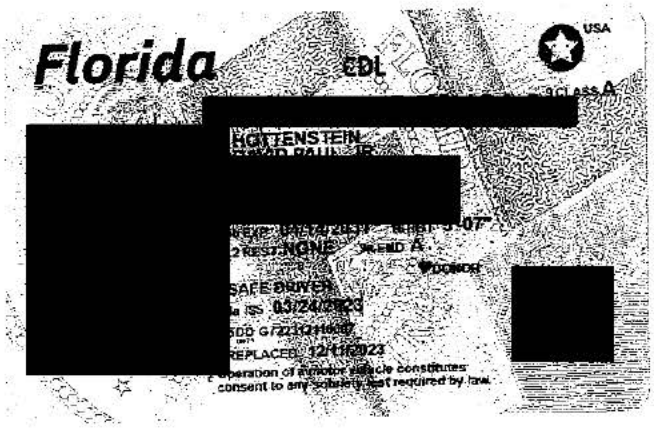
SIERRA P. HICKS
Commission # HH 474597
Expires October 26, 2027

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known [ ] OR Produced Identification [X]

Type of Identification Produced FL DL [redacted]


SOCIAL SECURITY
[redacted]
THIS NUMBER HAS BEEN ELECTRONICALLY
DAVID PAUL HOTTENSTEIN JR
SIGNATURE


Florida
CDL
USA
CLASS A
[redacted]
HOTTENSTEIN
[redacted]
END. A
SAFE DRIVER
ISS 03/24/2023
REPLACED 12/1/2023
operation of a motor vehicle constitutes
consent to any sobriety test required by law.

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

STATE OF OHIO
OFFICE OF VITAL STATISTICS

CERTIFICATION OF BIRTH

LOCAL FILE NUMBER 974-107 **DATE RECORD FILED** APR 25 1974

NAME DAVID PAUL HOTTENSTEIN JR

DATE OF BIRTH [redacted] **SEX** MALE

PLACE OF BIRTH CLARIDON TWP

MOTHER'S NAME SHIRLEY JEAN HOTTENSTEIN **MAIDEN** SLUSHER

MOTHER'S BIRTHPLACE OHIO

FATHER'S NAME DAVID PAUL HOTTENSTEIN

Note:

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics. Witness my signature and seal of the Department of Health this 12 day of September, 2006

Sandra Bergery

Local Registrar of Vital Statistics

HQ 7323668

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VERIFY PRESENCE OF ODH WATERMARK

DAVID
DRIVER AND VEHICLE
INFORMATION DATABASE

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 2/5/2024 12:19:48 PM

Record Detail

Customer Name: DAVID PAUL HOTTENSTEIN JR	**Driver License Status:** Valid	
DL/ID: [redacted]	**SSN:**	**Class:** A
Previous DUI: 0 *This count reflects total DUI convictions on record.*	**Previous DWLS:** 0 *This count reflects total DWLS convictions on record.*	

[redacted]

ORGAN DONOR
SAFE DRIVER
REAL ID COMPLIANT

Address: UNAVAILABLE	**Date of Birth:**	**Gender:**	**Height:** 5' 7"
Original License Issue Date: 07/28/2014	**Issued:** 03/24/2023	**Expires:** 04/14/2031	**Replaced:** 12/11/2023
CDL Status: Valid		**CDL Issued:** 03/24/2023	**CDL Expires:** 04/14/2031
Commercial Learners Permit (CLP) Status: Class A CLP Permit - Expired		**CLP Issued:** 09/25/2023	**CLP Expires:** 12/11/2023
Form Number: G722312110007			**EIN:** 0100508460423221
Citizen Status: US CITIZEN	**Country of Birth:** US OF AMERICA	**State of Birth:** OHIO	
Race: CAUCASIAN			

Current Restrictions:	**Current Endorsements:** A - MOTORCYCLE ALSO	**Conditional Messages:**

From: noreply@civicplus.com
To: HR Inbox
Subject: Online Form Submittal: General Employment Application
Date: Thursday, January 18, 2024 1:39:23 PM

General Employment Application

Step 1

GENERAL APPLICATION FOR EMPLOYMENT Human Resources City of New Smyrna Beach 210 Sams Avenue New Smyrna Beach, Florida 32168
The City of New Smyrna Beach accepts applications at the time open positions are posted. Applications may be rejected if you do not complete the entire application form and provide the requested documents. Your application will be kept active for one year. If you wish to apply for other job openings within this one year period you may use the same application form by contacting Human Resources with your request at the time a new position is posted.

Position(s) Applied For	Community Service Aide
Date Of Application	1/18/2024
Where did you hear about this position?	City Website
First Name	David
Last Name	Hottenstein
Street Address	[redacted]
City	[redacted]
State	[redacted]
Zip	[redacted]
Phone Number	[redacted]
Email	[redacted]@aol.com
Have you applied for this position before?	No
Have you ever been	No

employed here before?	
Are you lawfully eligible to work in the United States?	Yes
Are you available to work?	Full Time, Shift Work
Does the City of New Smyrna Beach employ any relative (by blood or marriage) or cohabitant of yours?	No
If yes, provide name, relationship and department where they work:	*Field not completed.*
Upload Resume Here	*Field not completed.*

The City of New Smyrna Beach provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, The City of New Smyrna Beach complies with applicable state and local laws governing nondiscrimination in employment in every location in which the City has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. The City of New Smyrna Beach expressly prohibits any forms of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, nation origin, age, genetic information, disability, or veteran status.

Step 2

RECORD OF EDUCATION

High School or GED	Cardinal High School
Did you Graduate?	Yes
College	Daytona State
Did You Graduate	Yes
Highest Degree Attained	*Field not completed.*
List any other Degrees	Corrections Certifcate

or Certificates Attained	
Military Service Record: Were you in the U.S. Armed Forces?	No
If yes, what Branch?	*Field not completed.*
Use the space below to summarize any addtional information necessary to describe your full qualifications for the specific position which you are applying for:	I was a Corrections Officer for 5 years. My daily duties wer the Care,Custody and Control of Inmates and maintaining my Housing Unit.I was also part of a special unit that overseen Inmates when they were outside the Facility i.e Hospital doctor visits exc.
Do you meet the minimum requirements listed on the Job Description for the position you are applying for?	*Field not completed.*
Do you Have a FL Drivers License?	YES
CDL:	Yes
Expiration Date	[redacted]

The City of New Smyrna Beach will require a Criminal History Disclosure Form to be completed during the selection process. Note:
Conviction of a crime or adjudication alone typically will not disqualify you from being considered for employment unless it is related to the position sought. Failure to submit or giving inaccurate information on the Criminal History Disclosure Form may cause candidates to be disqualified or dismissed.

Step 3

Work History: List each job held. Start with your PRESENT or MOST RECENT job.
Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin). Are there any employers listed below you WOULD NOT like contacted for employment reference checks? Please indicate by placing a check in the box by employer's name

Employer	Nsb Outdoors

Address	[redacted]
Telephone	[redacted]
Job Title	Owner/Operator
Start Date	3/1/2021
End Date	*Field not completed.*
Starting Hourly/Salary	$1000.00 per week
Final Hourly/Salary	$1000.00 per week
Reason For Leaving	N/A
Work Performed	Driver
Contact for Reference?	Yes
	(Section Break)
Employer	Volusia County of Corrections
Address	1300 Red John Rd
Telephone	386-254-1555
Job Title	Corrections Officer
Start Date	3/8/2017
End Date	2/28/2021
Starting Hourly/Salary	$16.25 per Hour
Final Hourly/Salary	$20.20 per hour
Reason For Leaving	Family
Work Performed	Care,Custody and Control of Inmates
Contact for Reference?	Yes
	(Section Break)
Employer	H&H Landscape Supply
Address	[redacted]
Telephone	[redacted]

Job Title	Owner/Operator
State Date	1/1/2010
End Date	8/1/2018
Starting Hourly/Salary	*Field not completed.*
Final Hourly/Salary	*Field not completed.*
Reason For Leaving	Business Closed
Work Performed	Customer service
Contact for Reference?	Yes

(Section Break)

Employer	Terrific Turf Lawn Care
Address	[redacted]
Telephone	[redacted]
Job Title	Owner/Operator
State Date	4/1/1996
End Date	3/31/2017
Starting hourly/Salary	*Field not completed.*
Final Hourly/Salary	*Field not completed.*
Reason For Leaving	Sold Business
Work Performed	Owner/Operator
Contact for Reference?	Yes

(Section Break)

Professional References: List three (3) persons not related to you who have knowledge of your skills, qualifications and character.

Name and Occupation	Mic Aviles Corrections Lieutenant
Full Address	[redacted]
Telephone Number	[redacted]

with Area Code	
Name and Occupation	Jeremy Wicker Corrections Officer
Full Address	[redacted]
Telephone Number with Area Code	[redacted]
Name and Occupation	Ronald Bierman Business owner
Full Address	396 Trafalga Ave Port Orange Fl
Telephone Number with Area code	(386)290-6345

APPLICANT'S CERTIFICATION and AGREEMENT –

Please Read Carefully Before Signing Statement of Application: I understand that previous employers will be contacted for references. I hereby authorize former employers to furnish any and all records of my service with them. I also release my former employers from any liability for any damage in providing this information. I also authorize educational institutions to furnish any records of education-related information they may have concerning me. Status: I understand that positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full time positions, with the exception of FICA and Worker's Compensation. Probation Period: I understand that if hired, my position with the City of New Smyrna Beach is temporary during the established initial probationary period. My employment may be ended before the expiration of that period for any reason, without recourse. Physical Examination/Drug/Alcohol Testing: I am aware that the City of New Smyrna Beach is a "Drug-free Workplace". I understand that I may be required to take and pass a physical examination after an offer of employment is made and employment is contingent on the results of that examination in accordance with the Americans With Disabilities Act (ADA). I also understand that the post-offer physical, I will receive a copy of the City's Drug-free Workplace Program. Any illegal or controlled substance that shows in my test results will cause my immediate disqualification for employment with the City of New Smyrna Beach. Public Records: Pursuant to Florida Statute 119, the Public Records Act, documents made or received by the City of New Smyrna Beach may be public record and open for inspection by the public. Some records, such as social security numbers, examination questions and answers and medical documentation are not public records and may not be disclosed. Certification: I understand that this application must be completed in full. Incomplete applications may be rejected. I agree that any false or misleading information provided by me will be cause for canceling the application process. If hired by the City of New Smyrna Beach, after my hire date, it may cause my dismissal from City service. I have answered all the questions on this form completely and truthfully. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. If hired, I agree to accept conditions of employment and abide by rules, procedures and policies of the City of New Smyrna Beach.

Release of Information: I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to the City, its officers, agents or employees, and (ii) the City, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information. Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment with the City of New Smyrna Beach. By signing below you hereby acknowledge I will be required to complete a Criminal History Disclosure Form for the City of New Smyrna Beach when requested.

Signature	David Hottenstein Jr
Date	1/18/2024

The City of New Smyrna Beach provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, The City of New Smyrna Beach complies with applicable state and local laws governing nondiscrimination in employment in every location in which the City has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Step 4

VETERANS' PREFERENCE This form must be completed if you wish to apply with Veterans' Preference (You will be asked to provide a DD214 form or Member Letter)

Full Name	*Field not completed.*

I am claiming Veterans' Preference and certify that I am eligible to do so.

Branch of Service	*Field not completed.*
Type of Discharge	*Field not completed.*
Date of Entry	*Field not completed.*
Date of Discharge	*Field not completed.*
Are You Claiming Veterans' Preference as a: (Please Check On)	*Field not completed.*

Wartime periods are defined as follows:
World War II: December 7, 1941 to December 31, 1946 Korean Conflict: June 27, 1950 to January 31, 1955 Vietnam Era: February 28, 1961 to May 7, 1975

Persian Gulf War: August 2, 1990 to January 2, 1992 Operation Enduring Freedom: October 7, 2001 to TBD Operation Iraqi Freedom: March 19, 2003 to TBD Operation New Dawn: September 1, 2010 to TBD Applicants claiming preference is responsible for providing the required documentation (DD214) at the time of making an application for a vacant position. AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE Vetereans Preference 1/1

Message Details

QWI HOTTENSTEIN, DAVID 298669216 J WILLEMS 2/16/2024 10:04:04

```
MNE-HDR: P64030012
    TEST-IND-HDR: N
    ATTN-HDR: WILLEMS
    CONT-NBR-HDR: RWILLEMS
    MKE: QWI
    ORI: FL0640310
    FN: DAVID
    LN: HOTTENSTEIN
    SOC: [redacted]
    PUR-CCH: J
    IND: Y
```

RESP QWI 00007 2/16/2024 10:04:05

NO NCIC WANT S0C/[redacted]

```
QWI FL0640310DAVID                                HOTTENSTEIN                                [redacted]Y
--NCIC--
1L01FLS0406876478
FL0640310

NO NCIC WANT S0C/[redacted]
***MESSAGE KEY QWI SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.

--END--
```

RESP NL01FLS 00008 2/16/2024 10:04:05

--NCIC--; NL01FLS0406876478; FL0640310; NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX (III); FOR NAM/HOTTENSTEIN,DAVID.PUR/J.SOC[redacted]IND/Y.EBS/1.; END; --END--

```
--NCIC--
NL01FLS0406876478
FL0640310
NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX (III)
FOR NAM/HOTTENSTEIN,DAVID.PUR/J.SOC[redacted]ND/Y.EBS/1.
END
--END--
```

TIBURON®

Agency/Dept.: NSPD/NEW SMYRNA BEACH POLICE DEPARTMENT Terminal ID: W0F29C User: NS1871 Log me off

Name Details

Live
Friday, February 16, 2024

- RMS Web - - CAD Web - - Admin - Help

System Favorites Searches Crystal Reports ARS Reports RMS Incident Records Property Warrants Traffic Field Contact Case Mngmt Crime Analysis Flags

- **Index**

Name Master Information

Name	MNI	Associates	LINKS	Race	Sex	Date of Birth
HOTTENSTEIN,DAVID PAUL	270890		270890	W	M	[redacted]

Height	Weight	Hair Color	Eye Color
507		BRO	BRO

OLN	OLS	Soc Sec No	SPN
[redacted]	FL		

Jail ID No	SID	FBI No

No mug shot system has been enabled

Aliases

Juve?	Details	Alias Name	Race	Sex	Date of Birth	Agency	Reference No	Other
Adult		HOTTENSTEIN,DAVID PAUL JR	W	M	[redacted]	EPD	COV0013123 *(Citation)*	n/a
Adult		HOTTENSTEIN,DAVID P	W	M				n/a
Adult		HOTTENSTEIN,DAVID P	W	M		EPD	180700227 *(Incident)*	n/a

Alias ID's

Juve?	Details	ID No	ID Type	AKA Lic St	Agency	Reference No	Date	Other
Adult		[redacted]	Operator License	FL	VCSO	S000672646 *(Citation)*	09/04/1997	n/a

Phone Record

Juve?	Details	Phone No	Phone Type	Agency	Reference No	Date	Other
Adult		[redacted]	Business	VCSO		07/30/2020	n/a
Adult			Home	EPD	180700227 *(Incident)*	07/22/2018	n/a
Adult			Business	VCSO	070036984 *(Incident)*	10/26/2007	n/a
Adult			Home	VCSO	070036984 *(Incident)*	10/26/2007	n/a

Address Record

Juve?	Details	Address	Address Type	City	State	Agency	Reference No	Date	Other
Adult		[redacted]	Work/Business	[redacted]				07/30/2020	n/a
Adult						EPD	180700227 *(Incident)*	07/22/2018	n/a
Adult						VCSO	070036984 *(Incident)*	10/26/2007	n/a
Adult						VCSO	070036984 *(Incident)*	10/26/2007	n/a
Adult						VCSO	020015880 *(Incident)*	05/14/2002	n/a
Adult						VCSO	020015880 *(Incident)*	05/14/2002	n/a

Summaries

Juve?	Details	Agency	Reference No	Sec Reference No	Invl	Reason	Date
Adult		EPD	180700227 *(Incident)*	3079301 *(Person)*	REP	PROPL	07/22/2018
Adult		EPD	COV0013123 *(Citation)*		CIT	EPD17-01	05/06/2017
Adult		VCSO	070036984 *(Incident)*	0834929 *(Person)*	SUS	33	10/26/2007
Adult		VCSO	050014598 *(Incident)*	1154436 *(Person)*	CIT	BOARD	04/29/2005
Adult		VCSO	020015880 *(Incident)*	0546462 *(Person)*	OTH	14	05/14/2002

End of document

TIBURON®

Agency/Dept.: NSPD/NEW SMYRNA BEACH POLICE DEPARTMENT Terminal ID: W0F29C User: NS1871 Log me off

Citation

Live
Friday, February 16, 2024

- RMS Web - - CAD Web - - Admin - Help

System Favorites Searches Crystal Reports ARS Reports RMS Incident Records Property Warrants Traffic Field Contact Case Mngmt Crime Analysis Flags

Citation No COV0013123	Date 05/06/2017	Time 13:37	Cite Invl CIT	Name HOTTENSTEIN,DAVID PAUL JR
Sex M	Race W	Date of Birth [redacted]	MNI	Height 507
Weight	Hair Color BRO	Eye Color BRO	OLN [redacted]	OLS FL
Type	OLY	ADR_PREFIX	Address	City
State	ZIP Code	License No	State	Lic Year
Year	Make	Model	Style	Color
VIN	Violation(1) EPD17-01	Violation(2) EPD17-01	Violation(3)	Violation(4)
Radar?	Accident?	Moving Viol?	LOC_PREFIX	Location 100-BLK N RIVERSIDE DR
City EDGEWATER	Rep Dist E454	District EPD	Zone EW01	Issuing Officer EP686
Asgnmnt PATL	Citation Owner EP686	STEP	Court Date	Court Time
Court Location	Entry Oper EP1672	Entry Date 05/09/2017	Entry Time 13:18	Ethnicity
Report No	BAC	Time	BAC 2	Time
BAC 3	Time	Remarks DRIVER NOT BELTED AND FAILURE TO STOP AT SIGN PARK/RIVERSIDE $77/ EACH FOR $154 TOTAL FINE	Typ	Key
Control EP16720509171318				

FLORIDA'S CLERKS OF COURT AND COMPTROLLERS

Bring You

ccis COMPREHENSIVE CASE INFORMATION SYSTEM

Rwillems@CCIS - CITATION SELECTION

TCATS | CSE

CITATION	COUNTY	DRIVER LICENSE	DRIVER NAME	BIRTH DATE	OFFENSE DATE	VIOLATION CODE	STATUS
0260CID	VOLUSIA	[redacted]	HOTTENSTEIN, DAVID P	[redacted]	06/28/2003	594 - Non Moving	Disposed
0271ROW	VOLUSIA		HOTTENSTEIN, DAVID P		01/09/2009	575 - Moving	Disposed
1121EIU	VOLUSIA		HOTTENSTEIN, DAVID P		06/12/2007	455 - Moving	Disposed

FLORIDA'S CLERKS OF COURT AND COMPTROLLERS
Bring You
ccis COMPREHENSIVE CASE INFORMATION SYSTEM

Rwillems@CCIS - CHILD SUPPORT INQUIRY DETAILS

TCATS | CSE

CASE NUMBER	FILE DATE	COUNTY	CASE TYPE	UIFSA	STATUS
642006DR022513FN00XX [06-0022513-FN]	05/03/2007	Volusia	IV-D	No	Closed

PETITIONER
Name: STOLLINGS , REBECCA A
Address: [redacted]
Phone:
DOB: [redacted] SEX: F

RESPONDENT
Name: HOTTENSTEIN , DAVID P
Address: [redacted]
Phone:
DOB [redacted] SEX: M

DEPENDENTS:	*NAME*	*BIRTH DATE*	*EMANCIPATION DATE*
	HOTTENSTEIN , CHELSEA N	[redacted]	

Case Balance Details

Create Electronic Disbursement Form

RECEIPTS

POST DATE	AMOUNT	PAYMENT ID	STATUS
No Receipts found.			

DISBURSEMENTS

CHECK DATE	AMOUNT	CHECK NUMBER	STATUS
No Disbursements found.			

<< Search Again

FLORIDA'S CLERKS OF COURT AND COMPTROLLERS
Bring You
ccis COMPREHENSIVE CASE INFORMATION SYSTEM

Rwillems@CCIS - CHILD SUPPORT INQUIRY DETAILS

TCATS | CSE

CASE NUMBER	FILE DATE	COUNTY	CASE TYPE	UIFSA	STATUS
642008DR020501FN00XX [08-0020501-FN]	10/01/2008	Volusia	Non IV-D	No	Closed

PETITIONER
Name: OLIVER , REBECCA A
Address: [redacted]
Phone:
DOB [redacted] SEX: F

RESPONDENT
Name: HOTTENSTEIN , DAVID P
Address: [redacted]
Phone:
DOB [redacted] SEX: M

DEPENDENTS:	*NAME*	*BIRTH DATE*	*EMANCIPATION DATE*
	HOTTENSTEIN , CHELSEA N	12/16/1998	

Case Balance Details

RECEIPTS

POST DATE	AMOUNT	PAYMENT ID	STATUS
06/02/2017	$555.25	06022017002180000000010000	Misapplied
05/01/2017	$555.25	05012017009279000000010000	Applied
03/31/2017	$550.00	0CD01234905	Applied
02/28/2017	$550.00	0CD01233790	Applied
02/02/2017	$550.00	0CD01232707	Applied
01/20/2017	$550.00	0CD01232127	Applied
12/01/2016	$550.00	0CD01230105	Applied
11/02/2016	$550.00	0CD01228936	Applied
09/30/2016	$550.00	0CD01227636	Applied
09/01/2016	$550.00	0CD01226433	Applied
08/01/2016	$550.00	0CD01224970	Applied
07/01/2016	$550.00	0CD01223695	Applied

DISBURSEMENTS

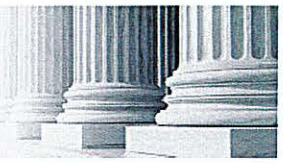
CHECK DATE	AMOUNT	CHECK NUMBER	STATUS
05/03/2017	$550.00	6400393489	Applied
04/03/2017	$550.00	6400391997	Applied
03/01/2017	$550.00	6400390400	Applied
02/03/2017	$550.00	6400389192	Applied
01/23/2017	$550.00	6400388525	Applied
12/02/2016	$550.00	6400385991	Applied
11/03/2016	$550.00	6400384469	Applied
10/03/2016	$550.00	6400382688	Applied
09/02/2016	$550.00	6400381143	Applied
08/02/2016	$550.00	6400379226	Applied
07/05/2016	$550.00	6400377605	Applied

<< Search Again

FLORIDA'S CLERKS OF COURT AND COMPTROLLERS

Bring You

CCIS COMPREHENSIVE CASE INFORMATION SYSTEM



Rwillems@CCIS - CHILD SUPPORT INQUIRY RESULTS

TCATS | CSE

<< Search Again

CASE NUMBER	COUNTY	PETITIONER	RESPONDENT	FILING DATE	CASE TYPE	STATUS
642008DR020501FN00XX [08-0020501-FN]	Volusia	OLIVER , REBECCA A	HOTTENSTEIN , DAVID P	10/01/2008	Non IV-D	Closed
642006DR022513FN00XX [06-0022513-FN]	Volusia	STOLLINGS , REBECCA A	HOTTENSTEIN , DAVID P	05/03/2007	IV-D	Closed

Individual Name Search

Individual Name List: All Individuals

Name	License Number	License Type
HOTTENSTINE, KALA W	D 3120064	Security Officer
HOTT, SAMANTHA R	G 1605366	Statewide Firearms License
HOTZ, JUSTIN R	D 1622618	Security Officer
HOTZ, RANDY L	C 1200337	Private Investigator
HOUBEN, JOSEPH N	D 3210564	Security Officer
HOUBEN, JOSEPH N	G 3202765	Statewide Firearms License
HOUCK, BLAINE R	G 1600493	Statewide Firearms License
HOUCK, FAITH A	D 3116259	Security Officer
HOUCK, HAROLD H.	C 8800480	Private Investigator
HOUCK, JON M	D 3221338	Security Officer
HOUCK, RANDALL S	D 1631300	Security Officer
HOUDAYER, DEREK	D 1828936	Security Officer
HOUDAYER, DEREK	G 1806693	Statewide Firearms License
HOUGARD, HUNTER H	D 1903837	Security Officer
HOUGARD, HUNTER H	G 1901123	Statewide Firearms License

Next List | New Search

PACER Case Locator

Party Search Results

Search Criteria: Party Search; Last Name: [hottenstein]; First Name: [david]
Result Count: 5 (1 page)
Current Page: 1

Party Name	Case Number	Case Title	Court	Date Filed	Date Closed
Hottenstein, David (dft)	0:2006cv60075	Gagnon v. Educational Impact, et al	Florida Southern District Court	01/19/2006	04/2
Hottenstein, David A (db)	3:2016bk12511	David A Hottenstein and Sandra K Hottenstein	Wisconsin Western Bankruptcy Court	07/21/2016	12/2
Hottenstein, David Joe (db)	3:2005bk00672	David Joe Hottenstein	Iowa Southern Bankruptcy Court	02/10/2005	09/2
Hottenstein, David W. (db)	4:2017bk16249	David Wayne Hottenstein	Pennsylvania Eastern Bankruptcy Court	09/13/2017	09/2
Hottenstein, David Wayne (db)	4:2017bk16249	David Wayne Hottenstein	Pennsylvania Eastern Bankruptcy Court	09/13/2017	09/2

PACER Service Center 02/20/2024 07:08:58

User	rwillems
Client Code	
Description	All Court Types Party Search All Courts; Name hottenstein, david; All Courts; Page: 1
Billable Pages	1 ($0.10)

PACER Service Center
(800) 676-6856
pacer@psc.uscourts.gov

SELECTIVE SERVICE NUMBER	SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH	LAST ACTION DATE
74-0232361-7	ON FILE	M	[redacted]	04-07-1992

(DO NOT WRITE IN THE ABOVE SPACE.)

NAME AND CURRENT MAILING ADDRESS

74-0232361-7

DAVID PAUL HOTTENSTEIN JR
[redacted]

First explore your interest, then decide which career path is right for you. Visit todaysmilitary.com/ssb2 or fill out and return the enclosed reply card for more information.

Change of Information Form
If any information shown is incorrect, make corrections, sign and return this top portion to:
Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636

TODAY'S DATE

SIGNATURE OF REGISTRANT

SSS Digital Acknowledgment **SSS Form 3B (Feb-21)**

Dear Registrant:

Please keep this letter or wallet sized acknowledgment card as legal proof of your registration. Please review this letter carefully, and use the top portion of this letter to update and/or correct your information. Line through any mistakes and write in the correct information.

IF YOU MADE CHANGES: Cut off the top portion of this letter, and mail it to Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If your information is correct, do not return this form. However, if any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may make the changes at **https://www.sss.gov/verify/update-info**.

For Non-Immigrants: If you are on a valid visa and believe that you were registered in error, send this entire form and proof of your immigration status to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638. A complete list of acceptable documentation may be found at https://www.sss.gov/wp-content/uploads/2020/02/DocumentationList.pdf

Thank you for your cooperation, and please call us at 1-847-688-6888 if you have any additional questions/concerns.

THIS IS NOT AN OFFICIAL FORM OF IDENTIFICATION

We estimate the public reporting burden for this collection will vary from 1 - 2 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing the burden to: Selective Service System, SSS Forms Officer (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.

Here's your official

Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

Registration Acknowledgment

SELECTIVE SERVICE NUMBER	DATE OF BIRTH
74-0232361-7	[redacted]

NAME AND CURRENT MAILING ADDRESS

DAVID PAUL HOTTENSTEIN JR
[redacted]

SIGNATURE OF REGISTRANT

(Fold on line.)

SSS Form 3A (Feb-21)

SOCIAL SECURITY NUMBER	LAST ACTION DATE
ON FILE	04-07-1992

The Selective Service System thanks you for registering.
This form is your official Registration Acknowledgment.
Cut it out and safeguard it as your proof of having registered.

THIS IS NOT AN OFFICIAL FORM OF IDENTIFICATION

ACTING DIRECTOR

Joel C. Spangenberg

EQUIFAX

Date Pulled: 2/16/2024
Name: David Hottenstein
DOB: [redacted]

Response From Equifax*

Full Name:	David Hottenstein
SSN:	[redacted]
File Pulled:	2/16/2024
User ID/Member Number:	828VC00160
Date of Birth:	[redacted]

Customer Inquiry

Customer Name:	David Hottenstein
Date of Birth:	N/A
SSN:	[redacted]
Address:	
Customer Reference Number:	NSB1871

Consumer Information*

Other Names:	David Stollings
Current Address:	[redacted]
Date Reported Address:	2/15/2024
Address Variance Indicator:	N/A
Current Phone Number:	[redacted]
Date Reported Phone:	11/2005

View All Historical Consumer Information

SSN Status:	Y
SSN Match Flags:	N/A
Issue Date:	N/A
Issue State:	N/A
Death Date:	N/A
Death State:	N/A
Date File was Established:	12/14/1992
Date of Most Recent Activity:	1/4/2024

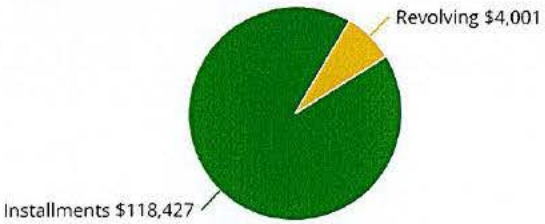
Alerts and Triggers*

Address Discrepancy Indicator

- No substantial difference occurred

View All Alerts and Triggers Details

Account Overview*



View Trade Summary & Account Details

Accounts Summary*

14

Revolving:	7
Installments:	7
Mortgage:	0
Line of Credit:	0
Other:	0
Length of Credit History:	17 years and 1 months
Average Account Age:	8 years and 5 months
Oldest Open Account:	CAPITAL ONE (1/18/2007)
Most Recent Account:	LAUNCH FEDERAL CREDI (6/10/2023)

Last Reported Employment*

Occupation:	General Manager
Employer:	Terrific Turf
Date First Reported:	N/A
Date Last Reported:	N/A

FICO Score 5 based on Equifax Data (NF)

770

- Time Since Most Recent Account Opening Is Too Short
- Too Many Accounts With Balances
- Proportion Of Balances To Credit Limits Is Too High On Bank Revolving Or Other Revolving Accounts
- Too Many Consumer Finance Company Accounts

Model

Data Not Available

Potential Negative Info*

30 Day Delinquencies:	0
60 Day Delinquencies:	0
90 Day Delinquencies:	0
Bankruptcies:	0
Collections:	0

Recent Bankruptcy*

Date Filed:	N/A
Type of Bankruptcy:	N/A
Date Reported:	N/A
Filer:	N/A
Intent:	N/A
Current Disposition Date:	N/A
Industry Codes:	N/A
Narrative Codes:	N/A

View All Bankruptcy Details

3rd Party Collections*

Date Reported:	N/A
Original Creditor Name:	N/A
Creditor Classification Code:	N/A
Status Code:	N/A
Original Amount:	$0
Balance:	$0
Last Payment Date:	N/A

View All 3rd Party Collection Details

Alerts and Triggers*

.. Address Discrepancy Indicator

- No substantial difference occurred

Consumer Statement

Data Not Available

Bankruptcy Details*

Data Not Available

3rd Party Collection Details*

Data Not Available

FICO Score 5 based on Equifax Data (NF)

770

- Time Since Most Recent Account Opening Is Too Short
- Too Many Accounts With Balances
- Proportion Of Balances To Credit Limits Is Too High On Bank Revolving Or Other Revolving Accounts
- Too Many Consumer Finance Company Accounts

Score Range: N/A

onsumer Rank: N/A

EQUIFAX

Date Pulled: 2/16/2024
Name: David Hottenstein
DOB: [redacted]

Trades Summary & Account Status*

	Mortgage	Revolving	Installment	Line of Credit	Other
Total Accounts	0	7	7	0	0
Total w/ Balance	0	3	5	0	0
Total Balance	$0	$4,001	$118,427	$0	$0
Scheduled Payments	$0	$138	$2,214	$0	$0
Actual Payments	$0	$0	$3,550	$0	$0
Oldest Date Opened	0	1/18/2007	5/17/2011	0	0
Newest Date Reported	0	2/13/2024	2/5/2024	0	0
Balloon Payment	$0	$0	$0	$0	$0
Total Credit Limit	$0	$26,250	$0	$0	$0
Total High Credit	$0	$17,772	$256,095	$0	$0
Total Past Due	$0	$0	$0	$0	$0
Days	0	0	0	0	0
60 Days	0	0	0	0	0
90+ Days	0	0	0	0	0
Utilization	N/A	15%	N/A	N/A	N/A

Historical Consumer Information*

Other Name	Date Reported	Status Reported
Stollings, David	N/A	Former
Address Reported	**Date Reported**	**Status Reported**
[redacted]	9/2006	Current
	6/2001	Former
	2/1995	Additional
Phone Number Reported	**Date Reported**	**Status Reported**
[redacted]	11/2005	Current

Employment Information*

Last Reported Employment

Occupation:	General Manager
Employer:	Terrific Turf
Date First Reported:	N/A
Date Last Reported:	N/A

Former Employer

Occupation:	Landcaper
Employer:	David Htottenstein
Date First Reported:	N/A
Date Last Reported:	N/A

Credit Inquiries*

Date Of Inquiry	Customer Name	Member Number
6/10/2023	COMMUNITY CREDIT UNI	846FC00091
6/10/2023	FLORIDA CREDIT UNION	447FC03193
6/10/2023	INTEGRITY AUTO SALES	180AN55073

Accounts*

1 REVOLVING

CAPITAL ONE 850BB01498

800-955-7070

ACCOUNT NUMBER [redacted]

Account Type:	Credit Card	Balance:	$1,444
Account Owner:	Individual Account	Credit Limit:	$6,000
Rate/Status:	Pays account as agreed	High Credit:	$2,539
Date Opened:	2/16/2016	Scheduled Payment:	$48
Date Reported:	2/13/2024	Actual Payment:	$0
Last Payment Date:	2/2024	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	2/2024
Deferred Payment Start:		Date Major First Delinquency Reported:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A
Terms Duration:	N/A	Original Creditor Name:	N/A

Months Reviewed:	95		
Date Closed:			
Balloon Payment Amount:	$0		
Balloon Payment Due Date:			

Narrative Codes: Credit Card, Amount In H/c Column Is Credit Limit

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024	1											
2023	E	E	E	E	E	1	E	E	1	1	1	1
2022		E	E	E	E	E	E	E	E	E	E	E

2 INSTALLMENTS

GREENSKY CREDIT 401FZ06434

866-936-0602

ACCOUNT NUMBER [redacted]

Account Type:	Unsecured	Balance:	$6,447
Account Owner:	Joint Account	Credit Limit:	$0
Rate/Status:	Pays account as agreed	High Credit:	$7,500
Date Opened:	7/21/2022	Scheduled Payment:	$98
Date Reported:	1/31/2024	Actual Payment:	$100
Last Payment Date:	1/2024	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	1/2024
Deferred Payment Start:		Date Major First Delinquency Reported:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A
Terms Duration:	120 Months	Original Creditor Name:	N/A

Months Reviewed:	17		
Date Closed:			
Balloon Payment Amount:	$0		
Balloon Payment Due Date:			

Narrative Codes: Fixed Rate

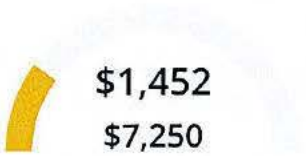
YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024												
2023	1	1	1	1	1	1	1	1	1	1	1	1
2022							*	1	1	1	1	1

[redacted]

3 REVOLVING

CAPITAL ONE 850BB01498

800-955-7070



Account Type:	Credit Card	Balance:	$1,452
Account Owner:	Individual Account	Credit Limit:	$7,250
Rate/Status:	Pays account as agreed	High Credit:	$6,481
Date Opened:	2/26/2007	Scheduled Payment:	$49
Date Reported:	2/5/2024	Actual Payment:	$0
Last Payment Date:	1/2024	Past Due:	$0
Charge Off Amount: $0	Date Last Activity: 2/2024	Months Reviewed:	99
Deferred Payment Start:	Date Major First Delinquency Reported:	Date Closed:	
Terms Frequency: Monthly (Due Every Month)	Creditor Classification: N/A	Balloon Payment Amount:	$0
Terms Duration: N/A	Original Creditor Name: N/A	Balloon Payment Due Date:	

Narrative Codes: Credit Card, Amount In H/c Column Is Credit Limit

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024	1											
2023	1	1	1	1	1	1	1	E	E	E	E	E
2022		1	1	1	1	1	1	E	E	E	1	1

4 INSTALLMENTS

ACCOUNT NUMBER [redacted]

REGIONS BANK DBA REG 833FM08668

800-986-2462

Account Type:	Home Equity	Balance:	$82,494
Account Owner:	Joint Account	Credit Limit:	$0
Rate/Status:	Pays account as agreed	High Credit:	$136,222
Date Opened:	3/30/2016	Scheduled Payment:	$1,031
Date Reported:	2/5/2024	Actual Payment:	$0
Last Payment Date:	12/2023	Past Due:	$0
Charge Off Amount: $0	Date Last Activity: 2/2024	Months Reviewed:	95
Deferred Payment Start:	Date Major First Delinquency Reported:	Date Closed:	
Terms Frequency: Monthly (Due Every Month)	Creditor Classification: N/A	Balloon Payment Amount:	$0
Terms Duration: 180 Months	Original Creditor Name: N/A	Balloon Payment Due Date:	

Narrative Codes: Fixed Rate

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024	1											
2023	1	1	1	1	1	1	1	1	1	1	1	1
2022		1	1	1	1	1	1	1	1	1	1	1

5 REVOLVING

SYNCB/ROOMS TO GO 404FF08646

866-396-8254

[redacted]

$0

$5,400

Account Type:	Charge Account	Balance:	$0
Account Owner:	Individual Account	Credit Limit:	$5,400
Rate/Status:	Pays account as agreed	High Credit:	$3,374
Date Opened:	11/23/2018	Scheduled Payment:	$0
Date Reported:	2/2/2024	Actual Payment:	$0
Last Payment Date:	9/2021	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	9/2021	Months Reviewed:	63
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Charge, Amount In H/c Column Is Credit Limit

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024	E											
2023	E	E	E	E	E	E	E	E	E	E	E	E
2022		E	E	E	E	E	E	E	E	E	E	E

6 INSTALLMENTS

LAUNCH FEDERAL CREDI 846FC00034

407-455-9400

[redacted]

$11,239

$20,700

Account Type:	Recreational Merchandise	Balance:	$11,239
Account Owner:	Joint Account	Credit Limit:	$0
Rate/Status:	Pays account as agreed	High Credit:	$20,700
Date Opened:	8/7/2020	Scheduled Payment:	$272
Date Reported:	2/1/2024	Actual Payment:	$600
Last Payment Date:	1/2024	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	2/2024	Months Reviewed:	41
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	$0
Terms Duration:	97 Months	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Fixed Rate

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024	1											
2023	1	1	1	1	1	1	*	1	1	1	1	1
2022		1	1	1	1	1	1	1	1	1	1	1

7 INSTALLMENTS

LAUNCH FEDERAL CREDI 846FC00034

407-455-9400

[redacted]

$12,513

$14,304

Account Type:	Recreational Merchandise	Balance:	$12,513
Account Owner:	Individual Account	Credit Limit:	$0
Rate/Status:	Pays account as agreed	High Credit:	$14,304
Date Opened:	6/10/2023	Scheduled Payment:	$357
Date Reported:	2/1/2024	Actual Payment:	$800
Last Payment Date:	1/2024	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	2/2024	Months Reviewed:	06
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	$0
Terms Duration:	48 Months	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Fixed Rate

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024	1											
2023						*	*	1	1	1	1	1
2022												

[redacted]

8 INSTALLMENTS

TRUIST BANK 456BB00825

800-226-5228

$5,734
$25,236

Account Type:	Auto	Balance:	$5,734
Account Owner:	Individual Account	Credit Limit:	$0
Rate/Status:	Pays account as agreed	High Credit:	$25,236
Date Opened:	3/9/2020	Scheduled Payment:	$456
Date Reported:	1/31/2024	Actual Payment:	$1,250
Last Payment Date:	1/2024	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	1/2024	Months Reviewed:	46
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	$0
Terms Duration:	60 Months	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Fixed Rate

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024												
2023	1	1	1	1	1	1	1	1	1	1	1	1
2022	1	1	1	1	1	1	1	1	1	1	1	1

[redacted]

9 REVOLVING

CAPITAL ONE 850BB01498

800-955-7070

$0
$1,000

Account Type:	Credit Card	Balance:	$0
Account Owner:	Individual Account	Credit Limit:	$1,000
Rate/Status:	Pays account as agreed	High Credit:	$1,402
Date Opened:	1/18/2007	Scheduled Payment:	$0
Date Reported:	1/27/2024	Actual Payment:	$0
Last Payment Date:	1/2024	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	1/2024	Months Reviewed:	99
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Credit Card, Amount In H/c Column Is Credit Limit

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024												
2023	E	1	E	E	E	E	E	E	E	E	E	1
2022	E	1	1	E	E	E	E	E	E	E	E	E

[redacted]

10 REVOLVING

CITICARDS CBNA 906BB00040

$1,105
$3,000

Account Type:	Credit Card	Balance:	$1,105
Account Owner:	Individual Account	Credit Limit:	$3,000
Rate/Status:	Pays account as agreed	High Credit:	$1,572
Date Opened:	7/13/2017	Scheduled Payment:	$41
Date Reported:	1/15/2024	Actual Payment:	$0
Last Payment Date:	1/2024	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	1/2024	Months Reviewed:	78
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Credit Card, Amount In H/c Column Is Credit Limit

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2024												
2023	E	E	E	E	E	E	E	1	E	E	1	1
2022	E	E	E	E	E	E	E	1	1	E	E	E

[redacted]

11 INSTALLMENTS

REGIONS BANK 409BB00633

205-326-5120

$0

$43,305

Account Type:	Auto	Balance:	$0
Account Owner:	Joint Account	Credit Limit:	$0
Rate/Status:	Pays account as agreed	High Credit:	$43,305
Date Opened:	9/9/2015	Scheduled Payment:	$0
Date Reported:	2/28/2021	Actual Payment:	$800
Last Payment Date:	2/2021	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	2/2021	Months Reviewed:	65
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	2/2021
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	$0
Terms Duration:	60 Months	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Affected By Natural Disaster, Fixed Rate

YRS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
2021	1											
2020	*	1	1	1	1	1	1	1	1	1	1	1
2019		*	*	*	*	*	*	*	*	*	*	*

[redacted]

12 REVOLVING

SYNCB/CHEVRON PLCC 404OC00570

$0

$700

Account Type:	Charge Account	Balance:	$0
Account Owner:	Individual Account	Credit Limit:	$700
Rate/Status:	Pays account as agreed	High Credit:	$773
Date Opened:	7/15/2009	Scheduled Payment:	$0
Date Reported:	5/24/2017	Actual Payment:	$0
Last Payment Date:	9/2012	Past Due:	$0

arge Off Amount:	$0	Date Last Activity:	9/2012	Months Reviewed:	94
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	5/2014
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Account Closed By Credit Grantor

[redacted]

13 REVOLVING

WELLS FARGO FINANCIA 164BB04033

$0

$2,900

Account Type:	Charge Account	Balance:	$0
Account Owner:	Individual Account	Credit Limit:	$2,900
Rate/Status:	Pays account as agreed	High Credit:	$1,631
Date Opened:	3/14/2013	Scheduled Payment:	$0
Date Reported:	7/18/2014	Actual Payment:	$0
Last Payment Date:	4/2014	Past Due:	$0

Charge Off Amount:	$0	Date Last Activity:	4/2014	Months Reviewed:	16
Deferred Payment Start:		Date Major First Delinquency Reported:		Date Closed:	12/2013
Terms Frequency:	Monthly (Due Every Month)	Creditor Classification:	N/A	Balloon Payment Amount:	$0
Terms Duration:	N/A	Original Creditor Name:	N/A	Balloon Payment Due Date:	

Narrative Codes: Account Closed By Credit Grantor

14 INSTALLMENTS

SHEFFIELD FINANCIAL 062FP00203

888-438-8837

[redacted]

$0

$8,828

Account Type:	Secured	**Balance:**	$0
Account Owner:	Joint Account	**Credit Limit:**	$0
Rate/Status:	Pays account as agreed	**High Credit:**	$8,828
Date Opened:	5/17/2011	**Scheduled Payment:**	$0
Date Reported:	6/30/2014	**Actual Payment:**	$0
Last Payment Date:	4/2014	**Past Due:**	$0

Charge Off Amount:	$0	**Date Last Activity:**	4/2014	**Months Reviewed:**	37
Deferred Payment Start:		**Date Major First Delinquency Reported:**		**Date Closed:**	4/2014
Terms Frequency:	Monthly (Due Every Month)	**Creditor Classification:**	N/A	**Balloon Payment Amount:**	$0
Terms Duration:	36 Months	**Original Creditor Name:**	N/A	**Balloon Payment Due Date:**	

Narrative Codes: Closed Or Paid Account/zero Balance

* Data Sourced By Equifax

End of Report Equifax and Affiliates - 2/16/2024

Equifax Information Services LLC,
P O BOX 740241, Atlanta, GA, 30374-0241,
1-888-EQUIFAX
www.equifax.com

Menu

Driver History

Printer Friendly

DAVID PAUL HOTTENSTEIN

DL/ID: [redacted]

Previous DUI: 0 **Previous DWLS:** 0

Correspondence

Correspondence Date	Offense Date	Expiration Date	Citation Number	County, State
02/20/2019				

Description
RECEIVED REQUEST-LEA BLOCK

If you suspect Driver License or Motor Vehicle Fraud, please contact the Fraud Unit.