

Please return your completed application to Votran at
950 Big Tree Road
South Daytona, FL 32119



Pre-Application Questionnaire

Thank you for your interest in becoming a Votran team member. Before completing an application, please be aware that Votran is a service to the public, and as such, employees must be able to meet certain criteria.

Safety-sensitive team members frequently have schedules that change every day. You will likely work very odd hours until you build enough seniority to have your own run or choice of shift. Your schedule will include early mornings, nights, weekends, holidays, and/or split shifts. We provide service from 4:00 a.m. to 1:00 a.m., six (6) days a week and on Sunday service is from 5:00 a.m to 8:00 p.m.

Are you able to work a very flexible schedule as described above? Yes _____ No _____

Do you have a high school diploma or equivalent? Yes _____ No _____

If selected for this position, are you willing to complete a criminal background check, drug screen and DOT Physical? Yes _____ No _____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test, administered by an employer for safety-sensitive transportation work covered by DOT drug and alcohol testing rules, during the past two years in which you did not obtain the job? Have you had any positive drug or alcohol tests for a potential employer? Yes _____ No _____

Are you able to obtain a CDL Class B Permit with a Passenger Endorsement prior to training? Yes _____ No _____ If you already have these credentials please check "Yes".

Do you arrive to work on time? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

We provide emergency transportation for the County during hurricanes, floods, etc. Therefore, in times of a declared State of Emergency, it will be mandatory for you to report.

Are you willing and able to report for work as required during times of a declared State of Emergency? Yes _____ No _____

Applicant Signature: _____

Date: _____

VOTRAN's mission is to identify and safely meet the mobility needs of Volusia County. This mission will be accomplished through a courteous, dependable, and an environmentally-sound team commitment to quality service.



**TRANSIT MANAGEMENT OF VOLUSIA COUNTY INC.,
d/b/a VOTRAN APPLICATION FOR EMPLOYMENT**
(Please print all information)

Position Applying For:	Today's Date:
Have you applied before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date applied:

How did you hear about this position?
Date Available:

PERSONAL INFORMATION

NAME:			
FULL ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:		
Are you eligible to work in the United States? _____	YES	_____	NO
Email Address:			

GENERAL INFORMATION

Have you ever been employed by VOTRAN? _____	If yes, when? _____
What Position? _____	
Do you have any relatives currently working for VOTRAN? _____	
Do you have a valid drivers license? _____	Have you had your driver's license for five years or more? _____
CLASS: _____	STATE: _____ EXP. DATE: _____ ENDORSEMENTS: _____
Has your license ever been suspended? _____	If yes, when? _____
Circumstances: _____	
List all traffic violations for the past five years indicating year and type: _____	

Votran's job offers are contingent upon successful completion of the DOT Medical Exam, Drug Testing, a Driver License Record Check, a Department of Law Enforcement Level 2 Criminal Background Check, including but not limited to a criminal background check Nation Wide, local Counties, and the State of Florida. Candidate's records are reviewed to ensure that our minimum hiring criteria is met. If you need to discuss your record with a Human Resource Representative, please let us know. By initialing below, you agree that you have read and understand Votran's background check requirement:

Initial:



**TRANSIT MANAGEMENT OF VOLUSIA COUNTY, INC.,
d/b/a VOTRAN APPLICATION FOR EMPLOYMENT**
(Please print all information)

PERSONAL REFERENCES
(Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	TELEPHONE NUMBER
1)		
2)		
3)		

EDUCATION

SCHOOL	NAME AND ADDRESS	LAST YEAR COMPLETED				DIPLOMA, DEGREE OR MAJOR
		9	10	11	12	
HIGH SCHOOL						
COLLEGE		1	2	3	4	
OTHER		1	2	3	4	

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a gross vehicle weight rating over 26,000 pounds.

Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past ten years.

Any violation of the above is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

BEGIN WITH YOUR MOST RECENT EMPLOYMENT: Give accurate information on all full and part time employment including any periods of unemployment or military services. **Include the month and year of employment.**



**TRANSIT MANAGEMENT OF VOLUSIA COUNTY, INC.,
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(Please print all information)

EMPLOYMENT HISTORY
Starting with most current

1) Company Name: <hr/> Address: <hr/> <hr/> Telephone #: () <hr/>	Job Title: <hr/> Supervisor: <hr/>	Dates Employed: From: To: <hr/> Hourly Rate: Start: Final:
Job Duties: <hr/> <hr/>		
Reason for Leaving:		
2) Company Name: <hr/> Address: <hr/> <hr/> Telephone #: () <hr/>	Job Title: <hr/> Supervisor: <hr/>	Dates Employed: From: To: <hr/> Hourly Rate: Start: Final:
Job Duties: <hr/> <hr/>		
Reason for Leaving:		
3) Company Name: <hr/> Address: <hr/> <hr/> Telephone #: () <hr/>	Job Title: <hr/> Supervisor: <hr/>	Dates Employed: From: To: <hr/> Hourly Rate: Start: Final:
Job Duties: <hr/> <hr/>		
Reason for Leaving:		



**TRANSIT MANAGEMENT OF VOLUSIA COUNTY, INC.,
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(Please print all information)

EMPLOYMENT HISTORY
Continued

4) Company Name: <hr/> Address: <hr/> Telephone #: () <hr/>	Job Title: <hr/> Supervisor: <hr/>	Dates Employed: From: To: <hr/> Hourly Rate: Start: Final: <hr/>
Job Duties: <hr/> <hr/>		
Reason for Leaving: <hr/>		
5) Company Name: <hr/> Address: <hr/> Telephone #: () <hr/>	Job Title: <hr/> Supervisor: <hr/>	Dates Employed: From: To: <hr/> Hourly Rate: Start: Final: <hr/>
Job Duties: <hr/> <hr/>		
Reason for Leaving: <hr/>		
6) Company Name: <hr/> Address: <hr/> Telephone #: () <hr/>	Job Title: <hr/> Supervisor: <hr/>	Dates Employed: From: To: <hr/> Hourly Rate: Start: Final: <hr/>
Job Duties: <hr/> <hr/>		
Reason for Leaving: <hr/>		



**TRANSIT MANAGEMENT OF VOLUSIA COUNTY, INC.,
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(Please print all information)

Complete Mailing Address MUST be shown for the above employers in order for this application to be considered.

List any additional information you feel may be helpful to us in considering your application.

Please read the following statements carefully. They are conditions for employment with Volusia Transit Management, Inc. (VOTRAN).

1. The answers given by me to the foregoing questions and the statement made by me are true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application or any supplements thereto, is cause for rejection of my application or discharge.
2. A satisfactory medical examination and signed medical release statements are required for all new employees. Results will be held in confidence by VOTRAN except where the release of such information is required by law.
3. You are hereby authorized to make any investigation of my personal history or employment record deemed necessary for employment.
4. In accordance with Federal Transit Administration (FTA) regulations, Reference Section 40:25 Part 40, concerning drug and alcohol testing programs, VOTRAN can request the release of information from former employees.
5. VOTRAN is an "at will" employer and as such employment with VOTRAN is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice. No supervisor or other representative of VOTRAN (Except the General Manager) has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above.

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of Race, Color, Religion, Sex or National Origin.

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement or discharge of employees, employee compensation, job training and other terms, conditions, and privilege of employment.

Applicant Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

VOLUNTARY EEO IDENTIFICATION

NOTE: COMPLETION OF THIS FORM BY APPLICANT IS STRICTLY VOLUNTARY AND WILL BE FILED SEPARATELY FROM THE APPLICATION.

Name _____ Date _____

Veterans

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

I Choose Not To Disclose

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

5. It is the policy of the organization to take affirmative action to employ and advance in employment, qualified veterans in compliance with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA) at all job levels. Such action applies to all employment practices, including, but not limited to, the following: hiring, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship and on-the-job training programs.

AN EQUAL OPPORTUNITY EMPLOYER MINORITY, FEMALE, VETERANS, DISABLED



Affirmative Action Self ID Survey

Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

YOUR COOPERATION IS VOLUNTARY

INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Please complete the following information. *Please print.*

Last Name:	First Name:
Date:	Position applied for:

Gender

Male Female

Ethnicity - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes No

Race - If you are not Hispanic or Latino, please select the appropriate race category.

- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) - persons who identify with more than one of the above five races.

I respectfully decline completing the information being requested above. _____initials