



FAA NEW APPLICANT AND TRANSFER CHECKLIST

Employee Name: _____ Position: _____

SSN or ID #: _____ Date of Hire/Transfer: _____

Date Completed

	Applicant / Transfer complete Applicant Acknowledgement
	Applicant / Transfer complete Applicant Questionnaire

	Conduct a pre-employment drug test before the individual is hired for a safety-sensitive or covered position
	Receive Verified Negative Drug Test result back from the MRO

	Applicant / Transfer complete Previous Employer Alcohol & Drug Test Information Release Form
	Send Previous Employer Release Forms <i>to DOT regulated employer(s)</i> .
	Previous Employer Release Forms received back (use back of form if you need more space To document additional forms sent and received) Employer # 1 Employer # 2
	Follow-up on all Previous Employer Release Forms. Send 2 nd notice for those you have not received back within 30 days

	Conduct Initial Employee Training.
	Conduct Initial Supervisor Training (if applicable)

	Distribute copy of Alcohol Misuse Prevention Policy (AMPP)
	Distribute copy of Company Antidrug Policy

	Contact TAG/AMS to add the individual to the random drug and alcohol testing program
	Confirmation of employee added to program printed and filed.

Notes: _____

Signature: _____ Date: _____