

New Employee Check List

Employee Name: _____

Date of Hire: _____

	Admin Initials	Date
Application Process		
Employment Application - Initial Application		
Copy of current driver's license		
Signed driving record release		
Driving record check – MVR		
Initial Interview Process		
Initial Interview - Department Head		
Employment Application (long form)		
Signed Job Description		
Pre-Employment Assessment Survey		
Signed releases:		
Criminal Background Release (First Contact HR)		
Criminal Background check (Act 34)		
Child Abuse check (Act 151)		
Cogent Finger Print form (AASD)		
Arrest/Conviction form		
D & A Pre-employment test acknowledgement		
Applicant Questionnaire regarding previous D & A testing		
Consent to Release of previous D & A testing/treatment records		
Team Interview Process		
Team Interview		
Final Candidate Review Process		
Employment & Safety History Check		
DOT Physical Exam (HealthForce)		
Functional Capacity Analysis (Procure)		
Drug & Alcohol Test (HealthForce)		
Job Offer/Turndown letter		
On Boarding Process		
W-4 Form		
I-9 Proof of Citizenship Form		
Signed receipt of Substance Abuse Policy & Drug-Free Workplace Policy		
New Employee Drug & Alcohol Training & Policy Review		
Review of Benefits		
Personnel Policy – Admin		
Job Description, PPE and Back Injury Information		
AMTRAN Policies & Procedures – Policy Sign Off		
Facilities Walk-through		
Facilities Key Fob		
AMTRAN Employee Badge		



Release of Criminal Background Records

AMTRAN has my permission to perform a criminal background check via the Internet. This check includes, but not limited to, an Act 34 (criminal record check) and act 151 (PA Child Abuse History Clearance).

Signed:

Date: _____

Signature

Supervisor

Please Print Name

Please Print Name

To: Safety Sensitive Employees or perspective employees
From: Josh A. Baker
Re: Substance Abuse Policy & Drug-Free Workplace Policy

Please find accompanied a copy of AMTRAN's Substance Abuse Policy and Drug-Free Workplace Policy. .

Please acknowledge your receipt of the policies below.

I _____ have received a revised copy of AMTRAN's Substance Abuse Policy and the Drug-Free workplace Policy.

Signature

Date

To: Perspective Employees
From: Josh A. Baker
Re: Obtaining driving record



Please sign the release below so that I may obtain a current copy of your driving record. A signed release is necessary to obtain your record and this check is a requirement mandated by our insurance carriers. The release will be good for one year.

Thank you for your assistance.

Employee Release of Driving Records

AMTRAN has my permission to obtain my driving record.

Signed:

Date: _____

Employee Signature

Supervisor

Please Print Name

Please Print Name

Applicant Acknowledgement
Of
Drug Test Requirement

I understand that as part of my application for employment I must successfully complete a USDOT drug test. I understand that a negative test result is required before I will be considered for hire.

Signature of Applicant

Witness

Date

Date

Background Check

APPLICANT QUESTIONNAIRE REGARDING PREVIOUS DRUG & ALCOHOL TESTING INFORMATION

APPLICANT: PLEASE CIRCLE YES OR NO IN RESPONSE TO THE FOLLOWING QUESTIONS AS REQUIRED BY U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS (49 CFR PART 40). IN THE PAST TWO YEARS:

1. Have you had any DOT required alcohol tests with a result of 0.04 or higher alcohol concentration? **Yes / No**
2. Have you had any verified positive DOT required drug tests? **Yes / No**
3. Have you refused to be tested (including having a verified adulterated or substituted drug test result)? **Yes / No**
4. Have you had any other violation of a DOT agency drug or alcohol testing regulation? **Yes / No**
5. Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you? **Yes / No**
6. Were there any situations in which you refused to submit (including any adulterated or substituted findings) to a pre-employment test for a DOT employer that did not hire you? **Yes / No**

I certify that my responses to the above questions are true:

Applicant's signature: _____

Date: _____

Printed name: _____

SSN: _____

FAX COMPLETED FORM TO: 717-749-5091

Retain original in applicant's file

© 2001, Background Check

Background Check

1637 East Main Street, Waynesboro, PA 17268
Telephone: 717-749-5079 - Fax: 717-749-5091

CONSENT FOR RELEASE OF DRUG AND ALCOHOL TESTING INFORMATION AND TREATMENT RECORDS

PLEASE PRINT

APPLICANT NAME: _____ SSN: _____ - _____ - _____
(LAST) (FIRST) (MI)

APPLICANT: IF YOU WERE EMPLOYED BY A DOT REGULATED EMPLOYER DURING THE LAST TWO YEARS AND PERFORMED A SAFETY SENSITIVE FUNCTION FOR THAT EMPLOYER, PLEASE PROVIDE THE NAME OF THAT EMPLOYER, A COMPLETE MAILING ADDRESS, AND PHONE NUMBER STARTING WITH THE AREA CODE. START WITH THE MOST RECENT EMPLOYER FIRST.

PREVIOUS EMPLOYER: _____ DATES: FROM: _____ TO: _____
(LEGAL BUSINESS NAME)

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP) PHONE: () _____ - _____

PREVIOUS EMPLOYER: _____ DATES: FROM: _____ TO: _____
(LEGAL BUSINESS NAME)

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP) PHONE: () _____ - _____

PREVIOUS EMPLOYER: _____ DATES: FROM: _____ TO: _____
(LEGAL BUSINESS NAME)

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP) PHONE: () _____ - _____

I, (print name) _____, authorize my above listed previous employers to disclose to Background Check or its designated agents any verified positive drug test result, any alcohol test result of .04 or above, any refusal to test (including verified adulterated or substituted drug test results), any other violation of Department of Transportation (DOT) agency drug and alcohol testing regulations and any records of evaluation and treatment, to include completion of DOT return to duty requirements, resulting from such violations or tests, conducted on me in accordance with 49 CFR Part 40 within the past two (2) years. I further authorize Background Check to disclose this information to the prospective employer listed below and agree to hold harmless any previous employers listed above, Background Check, its directors, employees, agents, or volunteers for any damage, loss of employment, or any negative outcome that may result from such disclosure. I understand that the prospective employer listed below is required to obtain this information in accordance with Federal regulations, specifically 49 CFR Part 40, section 40.25. This consent is subject to revocation at any time, however, such revocation does not apply to disclosures made prior to notice. This authorization expires without express revocation sixty (60) days from the date that appears below. I understand that I have the right to inspect and copy any written information disclosed.

SIGNATURE OF APPLICANT: _____ DATE: _____

PROSPECTIVE EMPLOYER: _____
(LEGAL BUSINESS NAME)

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP)

PHONE () _____ - _____ FAX () _____ - _____

SIGNATURE OF EMPLOYER REPRESENTATIVE: _____
(WITNESS)

PRINTED NAME: _____

FAX COMPLETED FORM TO: 717-749-5091

Retain original in applicant's file

© 2001, Background Check