

# Pre-Employment Testing & Onboarding Requirements

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U.S. Department of Transportation  
Federal Transit Administration

FTA Regulations  
49 CFR Part 655:

PREVENTION OF  
ALCOHOL MISUSE  
AND PROHIBITED  
DRUG USE IN  
TRANSIT  
OPERATIONS

# Disclaimer

*This guidance document is not legally binding in its own right and the Federal Transit Administration will not rely upon it as a separate basis for affirmative enforcement actions or other administrative penalty. Conformity with this document (as distinct from existing statutes and regulations) is voluntary only, and nonconformity will not affect rights and obligations under existing statutes and regulations.*



# Agenda

- FTA safety-sensitive functions (applicability)
- Pre-employment drug testing rule 49 CFR Section 655.41
- Pre-employment alcohol testing rule 49 CFR Section 655.42
- Previous DOT Employer Drug and Alcohol Background Check
- Policy and training requirements
- Record maintenance and retention requirements

# FTA Safety-Sensitive Functions (49 CFR 655.4)

1. Operating a public transportation vehicle in or out of service
2. Operating an ancillary vehicle that requires a CDL to operate
  - Supports transit operations (e.g., tow truck, service vehicle, Brandt truck)
3. Controlling movement or dispatch of public transportation vehicles
  - Dispatcher vs. Scheduler
4. Performing maintenance on public transportation vehicles or equipment used in public transportation
5. Carrying a firearm for security purposes

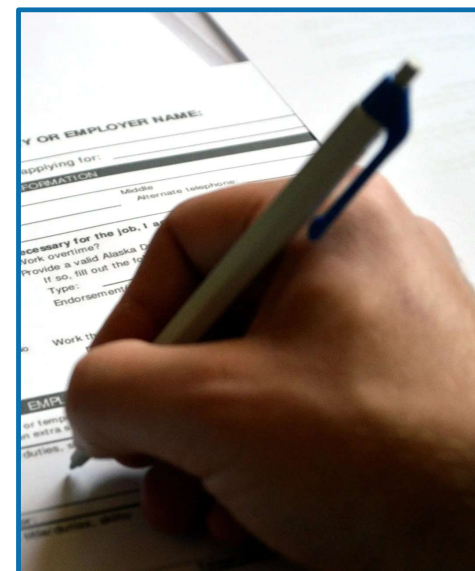
# FTA Pre-Employment Drug Testing: Section 655.41

- Before allowing an applicant to perform a safety-sensitive function for the first time, the employer must ensure that the employee takes a pre-employment drug test with a verified negative result.
  - Applicable to all applicants for a safety-sensitive position, including transferees from non-safety-sensitive positions to safety-sensitive positions.
  - Reminder: behind-the-wheel training is a safety-sensitive function.



## Section 655.41 Continued

- When an applicant has previously failed or refused a pre-employment drug test administered under this part, the applicant must provide proof of having successfully completed the DOT's Return-to-Duty Process.
- In accordance with [40.25\(j\)](#), applicants for DOT-covered positions must be asked this question:
  - Have you ever tested positive or refused to submit to a pre-employment test for an employer with whom you did not obtain employment, within the prior 2 years?



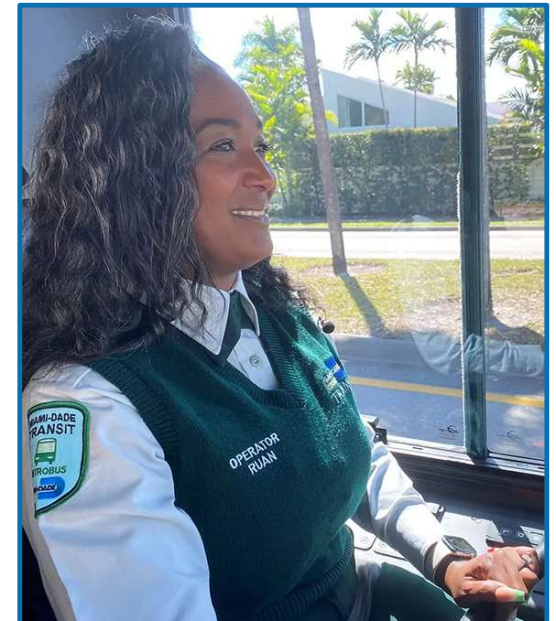
## Section 655.41 Continued

- If a pre-employment drug test is canceled by the MRO, the applicant must submit to subsequent pre-employment drug tests until a verified negative is received.
- If your policy requires retesting following a pre-employment test that is reported as “negative dilute”, the applicant must submit to one additional retest.
  - If the retest is also a negative dilute that is the result of record (no additional testing is authorized).



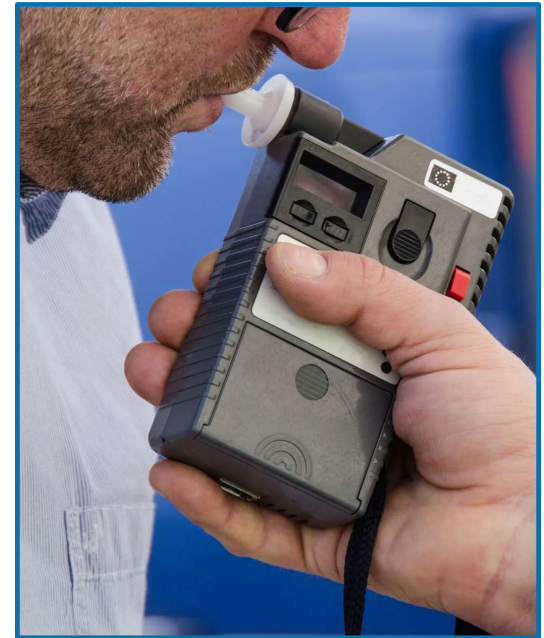
## Section 655.41 Continued

- When a covered employee or applicant has not performed a safety-sensitive function for 90 consecutive calendar days regardless of the reason, and the employee has not been in the employer's random selection pool during that time, the employer shall ensure that the employee takes a pre-employment drug test with a verified negative result.
  - If employee's name remained in your random testing pool, FTA pre-employment testing is not authorized.
  - This also applies to applicants who do not begin safety-sensitive duties within 90 days of their pre-employment drug test.



# FTA Pre-Employment Alcohol Testing: Part 655.42

- An employer may, but is not required to, conduct pre-employment alcohol testing.
- If pre-employment alcohol testing is performed:
  - Must be applied consistently
  - A contingent offer of employee must be made
  - Testing performed in accordance with Part 40
  - Applicant must have less than 0.02 BAC



# Notification of Testing Authority 655.17

- Before performing a drug or alcohol test, the employer must notify the applicant of the testing requirement (FTA).
  - Use of a testing notification form satisfies this requirement as well as [40.14](#) which requires employers to provide key information to the collector.

**Drug and Alcohol Testing Notification**

The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Part 655) requires all safety-sensitive employees must submit to drug and alcohol testing as a condition of employment in a safety-sensitive position.

**Employee Information:**  
Employee Name: \_\_\_\_\_  
Employee ID/SSN: \_\_\_\_\_  
Date of Notification: \_\_\_\_\_ Time of Notification: \_\_\_\_\_ AM/PM  
Employee Transported?  NO  YES Transported by: \_\_\_\_\_

**Collection Site Information:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Order for Testing:**  
Type of Test:  Alcohol  Drug  Both  
Testing Authority:  DOT/FTA  Non-DOT  
Test Type:  Pre-Employment  Random  Post-Accident  
 Reasonable Suspicion  Return-to-Duty  Follow-up  
Observed Collection:  YES  NO

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**To be filled out by Collection Site Personnel:**  
Time of Arrival: \_\_\_\_\_ AM/PM Collector Name: \_\_\_\_\_

**Return this form with the Employer Copy of CCF and/or ATF to:**  
DER Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer City, State, Zip: \_\_\_\_\_

# Previous DOT Employer Background Checks

“Drug & Alcohol Violation Check”



U.S. Department of Transportation  
Federal Transit Administration

**Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_  
Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section II.A, to the employer listed in Section I.A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II.A by my previous employer, is limited to the following DOT regulated testing items:

1. Alcohol tests with a result of 0.04 or higher.
2. Urinalysis positive drug tests.
3. Refusals to be tested.
4. Other violations of DOT agency drug and alcohol testing regulations.
5. Information obtained from previous employers of a drug and alcohol rule violation.
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I.A. New Employer Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Designated Employer Representative:** \_\_\_\_\_

**I.B. Previous Employer Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Designated Employer Representative (if known):** \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing --**

|   |     |    |
|---|-----|----|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES | NO |
| 2. Did the employee have verified positive drug tests?  | YES | NO |
| 3. Did the employee refuse to be tested?  | YES | NO |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES | NO |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES | NO |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | YES | NO |
|   | N/A |    |

**NOTE:** If you answered "yes" to item 1, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

**II-B. Name of person providing information in Section II-A:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

## Employer Responsibilities Subpart B 40.25

**Purpose:** To ensure that an applicant for a safety-sensitive position has not violated the DOT testing program while in a prior DOT-covered position within the previous 2 years.

- FTA covered employers do not use the FMCSA Clearinghouse.
- We must collect the applicant's written consent (**wet signature**).
  - Refusing to provide consent makes the applicant ineligible for a safety-sensitive position.
- We must send the consent form to each of the applicant's DOT-covered employers within the prior 2 years from the date of their application.
- Sample form on next page.

**"Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section I-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ **"wet" signature here** \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Use one form for each previous DOT-covered employer.

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A.** In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

[Download Sample Form Here](#)



## **40.25 Continued**

- You must make a good faith effort to obtain the completed form from the applicant's previous DOT-covered employer(s).
  - 3 attempts is considered a best practice.
  - Inquiry can be sent via mail, fax or email- must be confidential.
    - Best practice: contact previous employers by phone before sending consent form
- If feasible, you must obtain and review the background check prior to the employee's first performance of safety-sensitive duties.
- If 30 days has passed and the employer has not made a good faith effort to obtain the background check, the employee must be removed from safety-sensitive duty until good faith efforts are made.
- If a DOT violation is revealed, the applicant is not eligible for safety-sensitive duties unless and until the Return-to-Duty process is successfully completed.



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# Policy & Training



# Policy Requirements: 655.15

- The local governing board of the employer or operator shall adopt an anti-drug and alcohol misuse policy statement that includes all elements per 655.15
- The policy must be provided to each covered employee
- FTA's [FREE Policy Builder](#) is your ticket to a compliant policy!

## Best Practices

Collect a signed acknowledgement from each covered employee

Learn your policy

Review your policy annually to ensure compliance

### Acknowledgement of Employer's Drug and Alcohol Testing Policy

I acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) for all covered employees who perform a safety-sensitive function. I understand that compliance with all provisions contained in the policy is a condition of employment.

I further understand that the information contained in the policy dated \_\_\_\_\_ is subject to change, and that any such changes or addendum, shall be disseminated in a manner consistent with the provisions of 49 CFR Part 655.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Training Requirements 655.14

- a) **Education:** Display and distribution to every covered employee of informational material and a community service hot-line telephone number for employee assistance, if available.
- b) **Training:**
  1. Covered employees must receive at least 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use.
  2. Supervisors/company officials authorized to make reasonable suspicion testing referrals must receive at least 60 minutes of training on the signs and symptoms of prohibited drug use and at least 60 minutes of training on the signs and symptoms of alcohol misuse.

# Training Tools 655.14

- FTA's Drug Abuse Awareness Training [video](#)
- FTA's Reasonable Suspicion Training [video](#)
- National RTAP (FTA funded) [e-learning](#)
  - Substance Abuse Awareness
  - Reasonable Suspicion
- Transportation Safety Institute ([TSI](#))
  - Reasonable Suspicion and Post Accident Training Seminar (instructor led)



## Tools: FTA Record Retention 655.71

- Records related to pre-employment testing
  - Negative drug test results and alcohol tests  $<0.02$ , maintain for at least one year from date of collection/alcohol test
  - Verified positives, refusals, and alcohol tests  $0.04$  or above, maintain for at least five years from date of collection
- Previous DOT Employer Drug & Alcohol Background Checks
  - Maintain all related documentation for at least 3 years (49 CFR 40.333)
- Documentation of training for covered employees & supervisors
  - Minimum requirement = 2 years
  - Best practice = Maintain training records for the entirety of the employee's tenure of employment

# Additional FTA Tools and Resources

- FTA Regulatory Updates [Newsletters!](#)
- Pre-employment Notification and Acknowledgement Form
- Previous Employer Release of Information Form (49 CFR 40.25)
- Acknowledgement of Policy Form
- Acknowledgement of Prohibited Drug Awareness Training Form
- Much more, [all available here](#)





# Thank you!

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