



TCP Provider New Hire Request Form

Overview: The Community Partnership for the Prevention of Homelessness (TCP) now requires candidates that are considered for employment with a TCP funded program to be approved by TCP before hire. Please complete the below form regarding your new hire request and submit the completed form via the following tracker:

[TCP Provider New Hire Request Submission Form \(smartsheet.com\)](#)

Please allow 7 business days for TCP to provide a determination to your request.

Contract Information

Provider Name: _____

Program Name: _____

Contract Number: _____

Contract Period: _____

Candidate Information

1. Candidate's Name (First/Last): _____
2. Name of role the candidate is being considered for: _____
3. Please indicate the candidate's potential employment status: Full Time Part Time
4. Has a General Suitability Screening been completed on the candidate that verifies the following:
 - A. Past Employment (including dates and titles held) Yes No
 - B. Educational Background required for the position Yes No
 - C. Licenses, certifications and trainings required for the position Yes No
 - D. At least 3 reference checks Yes No
5. Please indicate the Clearance Level of the candidate:
(Please visit [TCP-Provider-Employee-Background-Clearance-Policy-4.pdf \(community-partnership.org\)](#) to learn more about each clearance level as well as the corresponding required clearances).
 Safety Sensitive
 Protection Sensitive
 Security Sensitive
6. Has the candidate completed all clearances required for their clearance level? Please check all the applies below:

- A. MPD and FBI Yes No N/A
- B. CFSA Clearance (if applicable) Yes No N/A
- C. National Sex Offender Registry Yes No N/A
- D. Traffic Record Check Yes No N/A
- E. Pre-Employment Drug and Alcohol Screening Yes No N/A
- F. Medical Screening (Physical and TB) Yes No N/A

*Please note that you will need to upload the clearances required for the candidate's clearance level along with this form to the [TCP Provider New Hire Request Submission Form \(smartsheet.com\)](https://smartsheet.com)

7. Has the completed background clearances (MPD and FBI) revealed any criminal convictions or pending criminal cases/charges?

- Yes No N/A

8. If you indicated yes for the question above, please explain in detail below:

9. Has the Pre-Employment Drug and Alcohol Screening revealed positive results of drugs or alcohol?

- Yes No N/A

10. If you indicated yes for the question above, please explain in detail below:

11. Has the completed Sex Offender Registry or CFSA Clearance checks revealed any results that would affect the work required for this candidate's role?

- Yes No N/A

12. If you indicated yes for the question above, please explain in detail below:

13. Has the completed Medical Screening (Physical and Tuberculosis) revealed any results that would affect the work required for this candidate's role?

Yes No N/A

14. If you indicated yes for the question above, please explain in detail below:

Staff Authorization (To be completed by Provider)

By signing this form, you acknowledge that the information noted above is true and correct.

Preparer Name and Title

Preparer Signature

Date

Executive Director Signature

Date

TCP Staff Only

Candidate cleared by TCP for hire?

Yes

No

If not cleared, reason for denial:

TCP Reviewer Signature

Date

TCP Approver Signature

Date