CANDIDATE PROFILE



JOB TITLE (APPLYING FOR)

SOB TITLE (APPLITING FOR)				
CANDIDATE DETAILS				
TITLE	FIRST NAME		LAST NAME	
TITLE	FIRST NAIVIL		LASTINAIVIL	
MAILING ADDRESS				
SUBURB	STATE	POSTCODE	COUNTRY	
TELEPHONE (Please include country & area codes)		MOBILE (Please include country & area codes)		
EMAIL		PREFERRED MEANS OF CONTACT		
I would like to subscribe to recei	ve the monthly HG	inSight newsletter	r by email	
I am interested in receiving information about HG Executive Learning Sets				
CURRENT ROCITION				
CURRENT POSITION				
POSITION TITLE		ORGANISATION		
DATE COMMENCED		SALARY/REMUNERATION		
DATE COMMENCED		SALPAKI) KEMONEKATION		
REQUIRED PERIOD OF NOTICE				
TERTIARY/PROFESSIONAL QUALIFICATIONS				
QUALIFICATIONS, INSTITUTE, YEAR				

Have you attached your CV?	YES	NO		
Have you attached a cover letter?	YES	NO		
Have you addressed the Selection Criteria?	YES	NO		
Have you read the Probity Checks?	YES	NO		
Have you attached a completed Candidate Profile Form?	YES	NO		
ONLY APPLICABLE TO SPECIAL MEASURES PLAN JOBS*				
Are you of Australian Aboriginal and/or Torres Strait Islander and have you previously identified as an Aboriginal person or a Torres Strait Islander in your day to day dealings in the community?	YES	NO		
Are you a person with a significant disability that has impaired equality of employment opportunity; and could require reasonable adjustment in the workplace to enable you to perform the inherent requirements of a job?	YES	NO		

 $^{{\}color{red}*} \underline{\textbf{Note}} . \textbf{ Applicants selected under the Special Measures Plan will need to provide proof of EEO status on commencement of employment.}$

REFEREE DETAILS

Please nominate your referees (3) including your current manager. Your permission will be obtained prior to contacting your referees.

REFEREE 1		
NAME	POSITION	
ORGANISATION		
TELEPHONE (Please include country & area codes)	MOBILE (Please include country & area codes)	
EMAIL	HOW ARE YOU KNOWN TO THE REFEREE?	
REFEREE 2		
REFEREE 2		
NAME	POSITION	
	POSITION	
	POSITION	
NAME	POSITION	
NAME	POSITION MOBILE (Please include country & area codes)	
NAME ORGANISATION		
NAME ORGANISATION		

REFEREE 3			
NAME	POSITION		
ORGANISATION			
TELEPHONE (Disease include country 9 area codes)	MODILE (Please include sountry ? area sodes)		
TELEPHONE (Please include country & area codes)	MOBILE (Please include country & area codes)		
EMAIL	HOW ARE YOU KNOWN TO THE REFEREE?		
PLEASE INDICATE HOW YOU FOUND OUT AB (Please specify source name)	OUT THIS POSITION?		
HG CONSULTANT	Name		
HG E-NEWSLETTER			
HG WEBSITE			
HG TWITTER HG LINKEDIN			
PRINT MEDIA	Publication		
ON-LINE ADVERTISEMENT	Website		
PROFESSIONAL COLLEGE	Name		
COLLEAGUE	Name		
OTHER	Details		
PRIVACY POLICY			
CONSENT TO CONDUCT PRE-EMPLOYMENT SCREENIN	G:		
1	(full name)		
certify that the information provided in this for support the detail on this form is complete and Leadership Pty Limited to perform pre-employr provided for the purposes of employment.	accurate in all respects. I give permission to HG		
I consent to the use, disclosure and handling of both my personal and sensitive information for the purpose of this executive search and in accordance with the Privacy Policy (refer to www. hardygroupintl.com/privacy).			
FULL NAME	DATE		