

P. O. Box 20, Zastron, 9950 Tel: 051 673 9600

Sau 051 673 155

E-mail: info@mohokare.co.za www.mohokare.co.za

Mohokare Local Municipality subscribes to the principles of the Employment Equity Act. It is the Municipality's intention to promote equity (race, gender and disability) through the filling of this positon.

Applications are invited from suitably qualified persons to fill the following positon.

INTERNAL AUDIT MANAGER-ZASTRON EXTERNAL ADVERT /INTERNAL ADVERT REMUNERATION: R 459 816 PER ANNUM

KEY REQUIREMENTS:

Bachelors Degree in Internal Auditing . Post Graduate qualification will be an added advantage. Valid registration with relevant professional body. Minimum of three years' experience in Internal Auditing of which three (2) years should be at senior Management. Ability to set out the scope for both performance and compliance Audit in a Municipal Environment. Sound Knowledge of Statutory Local Government Practices. Knowledge and compliance with MFMA.

KEY RESPONSIBILITIES:

- General Management of the Internal Audit Component including Budget Management.
- Planning, organizing and controlling activities of Internal Audit section to meet project objectives to ensure value added risk assurance services.
- Reviewing financial reporting for its alignment with the financial reporting framework and accounting principles and policies.
- Compiling regular reports on identified weaknesses in management or financial controls for management and Internal Audit Committee.
- Planning, organizing and controlling activities of Internal Audit Section to meet project objectives to ensure value added risk assurance services.
- Developing and ensuring implementation of the Audit plan.
- Undertaking strategic risk analysis.
- Preparing strategic and operational plans for the Unit.
- Execution of internal audits according to International Professional Practice Framework.
- Reporting to the Audit Committee Meetings and facilitating such meetings quarter.

CLOSING DATE: 27th October 2020 @ 16h00

For enquiries contact the Human Resources division on 051-6739600. ONLY MUNICIPAL APPLICATION FORMS (www.mohokare.gov.za) fully completed and CV as well as certified copies (not older than 3 months) of qualifications and identity document must be submitted for the attention of:

Human Resource Manager

Mohokare Local Municipality P.O. Box 20 Zastron 9950

Faxed, Emailed and late applications will not be accepted. The successful candidate will be subjected to the verification of qualifications and any relevant checks and competency assessments.

Applicants are respectfully informed that if no notification of appointment is received within 30 days of the closing date, they must accept that their application was unsuccessful. Correspondence will be limited to shortlisted candidates' only. Mohokare Local Municipality reserves the right to/not to make an appointment to the above advertised position.

MOHOKARE LOCAL MUNICIPALITY

MUNICIPAL MANAGER

APPROVED

0 7 -10- 2020

Signature:





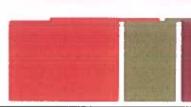
APPLICATION FOR EMPLOYMENT

TERMS AND CONDITIONS

- 1. The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised post.
- 2. This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.
- 3. Candidates shortlisted for interviews maybe requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.
- 4. All information received will be treated with strictly confidentiality and will not be used for any other purpose than to assess the suitability of the applicant.
- 5. This form is designed to assist municipality with recruitment, selection and appointment employees.

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A. DETAILS OF THE ADVERTISED PO	ST (as reflecte	d in the ad	vert)		<u> </u>	
Advertised post applying for						
Town		***		,,		
Name of Municipality						
Notice service period			***			
B. PERSONAL DETAILS				**		
Surname						
First Names			·			
ID or Passport Number						
Race	African	Colou	red	India	n	White
Gender		Fem			ale	Male
Do you have disability?			Yes			No
If yes, elaborate						
Are you a South African citizen?		Yes				No
If no, what is your Nationality			_			<u> </u>
Work Permit Number(if any)			_			
Do you hold any political office in a political part provide information below.	y, whether in a	whether in a permanent, temporary or acting capacity? If yes				
Political Party:		Membership Number: Expiry date:				······································
o you hold a professional membership with any professional body? If yes provide information below es					elow	No
Professional Body:	Membership Number: Expiry da				Expiry date:	
					·	·
C. CONTACT DETAILS				П		
Preferred language for correspondence?						
Telephone number during office hours					·	
Preferred method for correspondence (mark with an X)	Post		E-mail	Fax		
Correspondence contact details(in terms of above)						





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WWW.miohokate govula 46

D. QUALIFICATIONS (Additio	nal information	on may be	provided on	your CV)							
Name of School/Technical College		Highest Qualification Obtained				Year Obtained					
Name of Institution		Name of Qualification			N	NQF Level		Year obtained			
E. WORK EXPERIENCE (Additional information may be provided on your CV)											
Employer(stating with the most Pos recent		tion	From			То		Reason for leaving			
			MM	YY	MM		YY				
								-			
If you were previously employed in Local Government, indicate whether any condition Ye						Yes	<u> </u>	NO			
exists that prevents your re-employment:											
If yes, provide the name of the											
previous employing municipality:											
F. DISCIPLINARY RECORD											
Have you been dismissed for any misconduct previously?							es	NO			
If yes, Name of Municipality/Institution:											
Type of a Misconduct/Transgression											
Date of Resignation/ Disciplinary case finalised											
Award/Sanction Award/Sanction											
Did you resign from your job previously pending finalization of the disciplinary							Yes No				
proceedings? If yes, provide details on a separate sheet.											
G. CRIMINAL RECORD											
Were you convicted of a criminal of	ence involvi	ng financi	al miscondu	ct, fraud or c	orruption?	Ye	:S	No			
If yes, type of criminal act											
Date criminal case finalised											
Outcome/Judgment											
H. REFERENCE											
Name of Referee Relationship			Tel(office hours) Cellphor			ne number		Email			
					d						
I. DECLARATION											
I hereby declare that all the information provided in this application and any attachments in support thereof is to the best of my											
knowledge true and correct, I understand that any misrepresentation or failure to disclose any information may lead to											
disqualification or termination of my employment contract, of appointed.											
Signature: Date:											
oignature.				Date.							