



F. O. Box 20, Zastron, 9950
Tel: 051 673 9600
Fax: 051 673 1550
E-mail info@mohokare.gov.za

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

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

INTERNAL ADVERT / EXTERNAL ADVERT

PUBLIC PARTICIPATION OFFICER-ZASTRON

REMUNERATION: R225 732.00 Per Annum DURATION: Attached to the term of the Mayor

KEY REQUIREMENTS:

Applicant must be in possession of a Grade 12 Certificate. A National Diploma in Political Science, Public Management/Administration, Social science or any other relevant qualification. Minimum of three years working experience in the Local Government. Drivers License is essential.

KEY RESPONSIBILITIES:

- Develop and implement Public Participation Strategies.
- Build capacity to the Ward Committees and Public about functions and powers of Local Government.
- Design mechanisms and provide support to the Municipality in conducting Public consultations and hearings.
- Conduct community surveys and compilation of community profiles.
- Determine community needs and priorities and also establish committees and forums.
- Facilitation of public participation programmers and monitoring expenditure of the Office.
- Arrange Ward committee meetings and receive reports from them.
- Ensure functionality of ward committees.

PLEASE NOTE: Canvassing for appointment is highly discouraged and you are further advised that the council has the right to appoint any candidate if it is in view that no suitable candidate could be found.

CLOSING DATE: 27th October 2020 @ 16h00

For enquiries contact the Human Resources division on 051-6739600, ONLY MUNICIPAL APPLICATION FORMS (www.mohokarc.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



Advertised post applying for

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.

DETAILS OF THE ADVERTISED POST (as reflected in the advert)

TOWN					
Name of Municipality					
Notice service period				,,,,	
	-				
B. PERSONAL DETAILS			7-70-1		
Surname					
First Names					
ID or Passport Number					
Race	African	Coloured	Ind	ian	White
Gender					Male
Do you have disability?			Ye	S	No
If yes, elaborate					
Are you a South African citizen?			Ye	S	No
If no, what is your Nationality				<u> </u>	
Work Permit Number(if any)					
Do you hold any political office in a political party, provide information below.	whether in a pern	nanent, tempo	orary or acting	capacity? If yes	No
Political Party:	Membership Number: Expiry date:				
Do you hold a professional membership with any Yes	professional body? If yes provide information below No				
Professional Body:	Membership Nur	Expiry date:			
C. CONTACT DETAILS					
Preferred language for correspondence?					
Telephone number during office hours					
Preferred method for correspondence (mark with an X)	Post	E-ma	ail	Fax	
Correspondence contact details(in terms of above)					



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	www.monokare.gov.za	10

D. QUALIFICATIONS (Addition									
Name of School/Technical College	of School/Technical College Highest Qualifica			n Obtained		Year O	ear Obtained		
Name of Institution		Name of Qualification				NQF Le	wel	Year obtained	
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E. WORK EXPERIENCE (A	dditional infor	mation n	nav he provid	led on your l	^\/\				
Employer(stating with the most	Positi		From	ica on your v	34)		To	Reason for leaving	
recent			MM YY		MM YY				
If you were previously employed in exists that prevents your re-emplo		ernment,	indicate who	ether any co	ndition	Yes		NO	
If yes, provide the name of the									
previous employing municipality:									
F. DISCIPLINARY RECORD				74.5					
Have you been dismissed for any misconduct previously?						Yes	NO		
If yes, Name of Municipality/Institu	ition:		***************************************						
Type of a Misconduct/Transgressi	on								
Date of Resignation/ Disciplinary of	case finalised								
Award/Sanction									
Did you resign from your job previously pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet.					Yes	No			
G. CRIMINAL RECORD									
Vere you convicted of a criminal of	fence involvir	ng fin anc	cial miscondu	uct, fraud or	corruption '	?	Yes	No	
If yes, type of criminal act		T				l_			
Date criminal case finalised									
Outcome/Judgment									
H. REFERENCE				·	-				
Name of Referee	Relationsh	ip	Tel(office	hours)	Cellpho	ne numb	er	Email	
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I. DECLARATION									
I hereby declare that all the inform knowledge true and correct, I unde disqualification or termination of m	erstand that a	any misre	epresentatio.	n or failure i	achments in to disclose a	support t	hereof is nation ma	to the best of my y lead to	
Signature:	Date:								