



P. O. Box 20, Zastron, 9950

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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.

# REVENUE ACCOUNTANT-ZASTRON

### INTERNAL ADVERT/EXTERNAL ADVERT

REMUNERATION: R314 616 Per Annum

### **KEY REQUIREMENTS:**

Applicants must be in a possession of a B Degree in Accounting, 3 years' relevant experience in Local Government, excellent excel computerized accounting package skills and excellent organizational and administrative skills are essential. Code B Driver's license.

## **KEY RESPONSIBILITIES:**

- Develop, coordinate and supervise employees in the revenue division to ensure productivity.
- Keep, maintain and control financial records to ensure validity, accuracy and completeness of information.
- Plans, coordinates and manages activities of the division to ensure the delivery of revenue and credit control services.
- Develops and monitors systems, policies, procedures and processes to ensure correct working operations practices.
- Responsible for the execution of internal control and execution of audit income reports to ensure efficient and effective performance of functional tasks.
- Managing cash flow and committed project expenditure
- Resolve and provide solutions for all account queries within the Municipality

# CLOSING DATE: 27th October @ 16h00

For enquiries contact the Human Resources division on 051-6739600. ONLY MUNICIPAL APPLICATION FORMS (<a href="www.mohokare.gov.za">www.mohokare.gov.za</a>) 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

07 -10- 2020

Signature



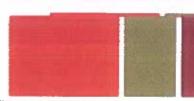
#### APPLICATION FOR EMPLOYMENT

#### **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.

A. DETAILS OF THE ADVERTISED POS	T (as reflected i	n the adv	/ert)				
Advertised post applying for					· · = 44		
Town							
Name of Municipality							
Notice service period							
						· ·	
B. PERSONAL DETAILS							
Surname							
First Names							
ID or Passport Number			· · · · · · · · · · · · · · · · · · ·				
Race	African	Colou	red	Indian		White	
Gender		·		Fema	ile	Male	
Do you have disability?				Yes		No	
If yes, elaborate							
Are you a South African citizen?				Yes		No	
If no, what is your Nationality							
Work Permit Number(if any)							
Do you hold any political office in a political party, provide information below.	whether in a pe	rmanent,	temporary or ac	ting ca	pacity? If yes	No	
Political Party:	Membership Number:				Expiry date:		
Do you hold a professional membership with any Yes	professional bo	dy? If yes	provide informa	ition be	elow	No	
Professional Body:	Membership N	Membership Number:			Expiry date:		
C. CONTACT DETAILS				П			
Preferred language for correspondence?							
Telephone number during office hours			· ·		<u> </u>		
Preferred method for correspondence (mark with an X)	Post		E-mail		Fax		
Correspondence contact details(in terms of above)							





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Tall 051 072 9500 69
Fas | 061 470 | 1560 | 56
thmail Info@mohokare.gov.za 28
vzovi.mohokare.gov.za 28

D. QUALIFICATIONS (Additional									
Name of School/Technical College Hig		Highest Qualification Obtained				Year Obtained			
Name of Institution Name		Name of	of Qualification			NQF Level		Year obtained	
E. WORK EXPERIENCE (Addi	tional infor	mation m		ed on your C'	V)	<u></u>			
Employer(stating with the most	Position		From			To		Reason for leaving	
recent			MM YY			MM	YY	$\neg$	
						<u> </u>			
l l							<u></u>		
If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment:								NO	
If yes, provide the name of the	en.								
previous employing municipality:									
F. DISCIPLINARY RECORD									
	econduct	provious	slu2			l V		TNO.	
Have you been dismissed for any misconduct previously?  If yes, Name of Municipality/Institution:						1,6	Yes NO		
1 1	1,								
Type of a Misconduct/Transgression	- C - P - 1	·							
Date of Resignation/ Disciplinary case	e tinalised								
Award/Sanction Award/Sanction									
Did you resign from your job previously pending finalization of the disciplinary proceedings? If yes, provide details on a separate sheet.						Ye	Yes No		
	ii a separ	ate snee	l.						
G. CRIMINAL RECORD									
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption?						Ye	!S	No	
If yes, type of criminal act				-	1				
Date criminal case finalised								··	
Outcome/Judgment			· · ·						
H. REFERENCE									
Name of Referee Re	Referee Relationship Tel(office hours) Cellpho				Cellphon	e number		Email	
			, , , , , , , , , , , , , , , , , , , ,						
					<del>                                     </del>		-		
		5.775		1.7%	S = 100 100				
I. DECLARATION							-		
I hereby declare that all the information knowledge true and correct, I understand disqualification or termination of my ea	and that a	ny misre	presentation	or failure to	hments in s disclose an	upport the y informati	reof is to	o the best of my lead to	
Signature:			<del></del>	Date:					