





P. O. Box 20, Zastron, 9950

Tel: 051 673 9600 Fax: 051 673 1550

E-mail: info@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.

SENIOR SUPPLY CHAIN ACCOUNTANT-ZASTRON INTERNAL ADVERT/EXTERNAL ADVERT REMUNERATION: R 459 816.00 Per Annum

KEY REQUIREMENTS:

Applicants must be in possession of a B Comm Degree in Accounting, Logistics and Supply Chain Management, compliance with the relevant minimum competency levels for Financial officials as prescribed, will be an added advantage. 3 Years relevant experience in a Local government environment in a Managerial position. Excellent organizational and administrative skills, Excellent analytic and problem solving ability and also high level of responsibility and confidentiality. Code B Driver's License.

KEY RESPONSIBILITIES:

- Responsible for overseeing and implementation of procedural guidelines relating to procurement, financial accounting and relevant Legislation.
- Managing compliance to the Senior Supply Chain Management and Procedures.
- Developing and Managing the implementation of the Procurement Plan.
- Implementing and Monitoring Delegations for Supply Chain Management
- powers and duties in accordance with Supply Chain Management regulations.
- Oversees the Management of the Municipality's Liabilities within the area of responsibility.
- Contribute towards effective and efficient Audit Processes.
- Oversees Supply Chain Management practices within area of responsibility.

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.

MOHOKATY 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.

 This form is designed to assist municipality with recruit

5. This form is designed to assist munici	panty with recru	uitment, :	selection and	appointment em	pioyees.		
A. DETAILS OF THE ADVERTISED POS	T (as reflected in	the adve	ert)				
Advertised post applying for							
Town				78			
Name of Municipality							
Notice service period							
			-08				
B. PERSONAL DETAILS				1100			
Surname							
First Names							
ID or Passport Number							
Race	African	Coloure	ed	Indian	White		
Gender	Totalo						
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.	olitical party, whether in a permanent, temporary or acting capacity? If yes						
Political Party:	Membership Nu						
Do you hold a professional membership with any Yes	professional body? If yes provide information below No						
Professional Body:	Membership Nu						
C. CONTACT DETAILS							
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)							





4. 0. 5mx 20. 2gstrm, 1950 50 T41: C51 673 9500 60 Fax (651 633 1360 50 E-mail trib@monobarc.gov.ca 28 vzew mohokare.gov.ca 48

D. QUALIFICATIONS (Addition	nal information	n may be	provided on	your CV)							
						Year Obtained					
Name of Institution		Name of Qualification				NQF Level		Year obtained			
E. WORK EXPERIENCE (Additional information may be provided on your CV)											
Employer(stating with the most	Position	on	From			То		Reason for leaving			
recent			MM	YY		MM	YY				
			ļ								
			-			-					
						+					
If you were previously employed i	If you were previously employed in Local Government, indicate whether any condition Ye							NO			
exists that prevents your re-employed		IIIIIGIR,	indicate write	strict arry corn	atton	Yes		NO			
If yes, provide the name of the								·····			
previous employing municipality:											
F. DISCIPLINARY RECORD											
Have you been dismissed for any misconduct previously?						Т	Yes NO				
If yes, Name of Municipality/Institution:							1,				
Type of a Misconduct/Transgression											
Date of Resignation/ Disciplinary case finalised											
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			To Para -								
								No			
	vote you convicted of a criminal offence involving imanificat misconduct, fladd of confuption?					100	1.0				
If yes, type of criminal act											
Date criminal case finalised											
Outcome/Judgment											
H. REFERENCE		'									
Name of Referee											
		F			- Compiliation						
					1						
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.											
uisquaimeation or termination or it.	ry employmen	COINIA	ы, от арропт	icu,							
Signature:	ignature: Date:										