



MOHOKARE
LOCAL MUNICIPALITY

P. O. Box 20, Zastron, 9950

Tel: 051 673 9600

Fax: 051 673 1550

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 position.

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

SENIOR ADMIN MANAGER-ZASTRON
INTERNAL ADVERT/EXTERNAL ADVERT
REMUNERATION: R 459 816.00 Per Annum

KEY REQUIREMENTS:

Applicants must be in possession of a Bachelor of Administration Degree in the Public Sector or equivalent. Three 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:

- Manage and oversee the rendering of an effective communication and customer care advise to ensure proper liaison with the community, councillors, Municipal Manager.
- Coordinates and perform administrative support services related to council meetings by: compilation of Agendas, Drafting Notices, Keeping Minutes, Ensure timeous delivery of documents to Councillors.
- Plan, Manage, Organize and control the continuous provision of Corporate Administration and Support Services to promote service excellence to the Municipality and its customers.
- Deal with day to day administration to promote sound office management in the division and also to facilitate contract Management in the Municipality.
- Oversee the maintenance and neatness of office buildings, town hall, kitchens and grounds.

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



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 POST (as reflected in the advert)

Advertised post applying for	
Town	
Name of Municipality	
Notice service period	

B. PERSONAL DETAILS

Surname				
First Names				
ID or Passport Number				
Race	African	Coloured	Indian	White
Gender			Female	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, whether in a permanent, temporary or acting capacity? If yes provide information below.				No
Political Party:	Membership Number:	Expiry date:		
Do you hold a professional membership with any professional body? If yes provide information below				No
Professional Body:	Membership Number:	Expiry date:		

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)			



MOHOKARE
LOCAL MUNICIPALITY



D. QUALIFICATIONS (Additional information may be provided on your CV)

Name of School/Technical College	Highest Qualification Obtained	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 recent)	Position	From		To		Reason for leaving
		MM	YY	MM	YY	
If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment:				Yes	NO	
If yes, provide the name of the previous employing municipality:						

F. DISCIPLINARY RECORD

Have you been dismissed for any misconduct previously?	Yes	NO
If yes, Name of Municipality/Institution:		
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 proceedings? If yes, provide details on a separate sheet.	Yes	No

G. CRIMINAL RECORD

Were you convicted of a criminal offence involving financial misconduct, fraud or corruption ?	Yes	No
If yes, type of criminal act		
Date criminal case finalised		
Outcome/Judgment		

H. REFERENCE

Name of Referee	Relationship	Tel(office hours)	Cellphone number	Email

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: