



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 positon.

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

ERRATUM ADVERT

SENIOR ADMIN MANAGER-ZASTRON INTERNAL ADVERT/EXTERNAL ADVERT REMUNERATION: R 459 816.00- R 596 865.00 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.







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 POS	T (as reflected	d in the adv	/ert)				
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							
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.							
Political Party:	Membership				Expiry date:		
Do you hold a professional membership with any professional body? If yes provide information below Yes							
Professional Body:	Membership	Number:			Expiry date:		
C. CONTACT DETAILS							
Preferred language for correspondence?							
Telephone number during office hours							
Preferred method for correspondence (mark	Post		E-mail		Fax		
with an X) Correspondence contact details(in terms of			L		<u> </u>		
above)							





D. QUALIFICATIONS (Addition			· · · · · · · · · · · · · · · · · · ·								
Name of School/Technical College		Highest Qualification Obtained				Year Obtained					
Name of Institution Nam		Name of	ne of Qualification			NQF Level		Year obtained			
E. WORK EXPERIENCE (Additional information may be provided on your CV)											
Employer(stating with the most	Posi	tion	From				То	Reason for leaving			
recent			MM	YY		MM YY					
					·						
If you were previously employed in Local Government, indicate whether any condition exists that prevents your re-employment: NO									1		
If yes, provide the name of the											
previous employing municipality:											
F. DISCIPLINARY RECORD											
Have you been dismissed for any misconduct previously?							Yes NO		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							'es	s No			
G. CRIMINAL RECORD											
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption? Yes No									No		
If yes, type of criminal act											
Date criminal case finalised											
Outcome/Judgment											
H. REFERENCE											
Name of Referee Relationship			Tel(office hours) Cellpho			ne numbe	er	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:											