



# NORTHERN MARIANAS HOUSING CORPORATION

## JOB VACANCY ANNOUNCEMENT “Re-announcement”

OPENING DATE: July 12, 2021 CLOSING DATE: July 27, 2021 TIME: 10:00 A.M.

NMHC JVA No.	Positions:	Salary:
2021-023	Board Secretary	\$25,000.00-\$30,000.00 per annum- Ungraded

Employment application form, detailed job description, qualification requirements and other information may be accessed at [www.nmhcgov.net](http://www.nmhcgov.net) .

Applicants may submit their applications through the following options: Submission at the at the NMHC Central Office in Garapan, Saipan; or at the Drop Box located in front of the NMHC Central Office building; or email application and documents to [officemanager@nmhcgov.net](mailto:officemanager@nmhcgov.net).

All applicants must complete and submit the NMHC Employment Application Form together with required documents that are listed in the Employment Application Package. Failure to provide the required documents will result in automatic disqualification. NMHC and all its properties are drug-free zones; therefore, selected applicant will be subject to pre-employment drug screening.

It is the policy of the Northern Marianas Housing Corporation (NMHC) that the merit system will be applied and administered according to the principle of equal opportunity for all citizens and nationals as defined by its personnel regulations and the Northern Marianas Commonwealth Constitution regardless of age, race, sex, religion, political affiliation or belief, marital status, disability or place of origin.

For inquiries, please contact Mr. Jacob Muna, Office Manager, at (670) 234-6866/9447 or by email to [officemanager@nmhcgov.net](mailto:officemanager@nmhcgov.net) . NMHC is a fair housing agency and an equal opportunity provider, lender and employer.

/s/

**JESSE S. PALACIOS**

Corporate Director



# NORTHERN MARIANAS HOUSING CORPORATION

P.O. BOX 500514, Saipan, MP 96950-0514

Email: [nmhc@nmhc.gov.mp](mailto:nmhc@nmhc.gov.mp)

Website: <http://www.nmhc.gov.net>

## JOB DESCRIPTION

**Position:** Board Secretary  
**Salary:** \$25,000.00 to \$30,000.00 - UNGRADED  
**Division:** Administrative  
**Immediate Supervisor:** Corporate Director

## SUMMARY

The Northern Marianas Housing Corporation (NMHC) is seeking a highly competent individual to assist the Corporate Director and the NMHC Board of Directors with secretarial and administrative services.

This position is a contract position for a period of two (2) years and renewable every two (2) years depending on satisfactory performance and funding availability.

## ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Plans and coordinates schedules for board meeting with the Corporate Director and the members of the Board of Directors;
2. Prepares correspondences and memorandums for the Corporate Director and the members of the Board of Directors;
3. Attends, takes notes and transcribes minutes of board meetings, committee meetings, conferences and other meetings as directed by the Board;
4. Prepares publications for announcements on media outlets (Newspaper; Radio; and Social Media);
5. Sets and confirms appointments for the Chairperson and members of the Board;
6. Receives and distributes messages to the Board;
7. Maintains complete files of board meeting packages, correspondences and other documents;
8. Maintains records of dates, times and places of Board meetings for office records;
9. Prepares, routes, and follows-up travel authorizations and other arrangements (flight reservation, accommodations, car rentals, etc.) for the Board members attending workshops or conferences;
10. Follows-up on all items that have been deferred in the Board meeting and ensures they are brought back to the board in a timely manner for necessary action;
11. Maintains good working relationship with the entire agency;
12. Adheres to all NMHC regulations, policies and procedures;
13. Identifies items or matters requiring priority handling and brings to the attention of the Corporate Director and NMHC Board Chairperson;
14. Prepares meeting agenda directly with the Corporate Director and the NMHC Board Chair;
15. Responds to urgent situations;
16. Monitors and keeps an inventory of all board supplies and equipment;
17. Monitors and updates Board member history and terms of appointments;
18. Acts as support staff for the Administrative Division;
19. Performs other duties as requested.

**“NMHC is an equal employment and fair housing public agency”**

**MINIMUM QUALIFICATIONS AND REQUIREMENTS:**

A) Graduation from a U.S. accredited college or university with a Bachelor's Degree plus two (2) years of progressively responsible management, administrative and secretarial experience;

B) Graduation from High School plus three (3) years of progressively responsible administrative and secretarial plus any equivalent combination of education, experience and training to perform satisfactorily the required duties and responsibilities may be substituted for requirements.

Knowledge of office Administration, Business English & Grammar. Ability to deal tactfully and effectively with the staff and the public. Ability to express effectively, verbally or in writing. Ability to type and operate a personal computer with a variety of software. Computer literacy is important for the expeditious handling and completion of assignments. The ability to write and prepare routine to moderately/highly complex correspondences and reports are essential to program requirements.

**Mandatory Requirement:**

NMHC and all its properties are drug-free zones pre-employment drug-test is required.



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## WHAT TO CONSIDER WHEN COMPLETING YOUR APPLICATION FOR EMPLOYMENT

1. Complete as thoroughly and correctly as possible each of the thirty-one (31) items listed on the Employment Application.
2. Before submitting your Employment Application, make sure that you attach the following:
  - a. Cover Letter and Resume
  - b. NMHC Applicant's Statement
  - c. High School Diploma or GED Certificate
  - d. College Degree and/or Official Transcript when claiming a Degree
  - e. Police Clearance (Criminal Record – Good within 90 days)
  - f. Certificate of Training/Workshops
  - g. Professional/occupational License (if any related to the job applied for)
  - h. Form DD-214 (Military Discharge Paper)
  - i. Permanent Resident Card/Passport if not a U.S. Citizen
  - j. Valid CNMI Driver's License
3. Make sure that you sign and date your Employment Application before submitting.
4. If you are applying for a specific job vacancy, make sure that you include position title.
5. Application and required documents must be submitted on or before the closing date of the announcement.

**NOTE: FAILURE TO PROVIDE ALL DOCUMENTS NOTED ABOVE WILL BE SUBJECT TO DISQUALIFICATION.**

**NMHC IS A DRUGFREE WORKPLACE.  
A DRUG SCREENING IS REQUIRED FOR ALL APPLICANTS WHO ARE  
CONSIDERED FOR EMPLOYMENT.**

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# APPLICATION FOR EMPLOYMENT

<b>GENERAL INSTRUCTIONS:</b> BEFORE COMPLETING, PLEASE READ THE CERTIFICATION SECTION AT THE END OF THIS APPLICATION. TYPE OR PRINT ALL ANSWERS CLEARLY WITH A DARK BALL POINT PEN. ANSWER ALL QUESTIONS FULLY AND ACCURATELY; SIGN, DATE AND RETURN THE APPLICATION TO THE NORTHERN MARIANAS HOUSING CORPORATION FOR PROCESSING.						DO NOT WRITE IN THIS SPACE.			
1. POSITION(S) APPLIED FOR		2. ANNOUNCEMENT NUMBER							
3. POSITION(S) APPLIED FOR		4. ANNOUNCEMENT NUMBER							
5. NAME (FIRST, Middle, Last)			6. SOCIAL SECURITY NUMBER						
7. MAILING ADDRESS (P.O. Box Number or Number and Street)				8. PHONE NUMBERS <small>Home Work</small>					
9. ISLAND (or City and State)			10. ZIP CODE						
11. BIRTHDATE (Month, Date, Year)			12. BIRTHPLACE			13. CITIZENSHIP United States <input type="checkbox"/>  Other <input type="checkbox"/> Specify: _____			
14. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			15. MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)						
16. INDICATE PLACE OF RESIDENCE		PERMANENT RESIDENCE		PRESENT RESIDENCE		17. PERSON ABLE TO CONTACT YOU (Name, Address, Phone Number)			
18. LIST THE LANGUAGES YOU KNOW				Indicate your knowledge by placing "X" in the proper columns.					
20. WITHIN THE LAST FIVE YEARS OF EMPLOYMENT HAVE YOU:						19. OTHER NAMES WHICH YOU ARE OR HAVE BEEN KNOWN BY			
a) BEEN TERMINATED FOR ANY REASONS?		Yes <input type="checkbox"/> No <input type="checkbox"/>		b) QUIT A JOB TO AVOID BEING TERMINATED		Yes <input type="checkbox"/> No <input type="checkbox"/>			
c) BEEN CONVICTED OF ANY CRIMINAL OFFENSE						Yes <input type="checkbox"/> No <input type="checkbox"/>			
If your answer is "yes" to 20, give details in item 29.									
21. LOWEST PAY YOU WILL ACCEPT \$ _____ per		22. WILL YOU ACCEPT TO TRAVEL (Check one) None <input type="checkbox"/> Some <input type="checkbox"/> Often <input type="checkbox"/>			23. WHEN WILL YOU BE AVAILABLE TO BEGIN WORKING?				
24. LAST PREVIOUS EMPLOYMENT WITH TRUST TERRITORY GOVERNMENT OF THE NORTHERN MARIANA ISLANDS									
(A) Are you retired from and receiving retirement benefits from the Commonwealth government?		a) Yes <input type="checkbox"/>		b) Yes, but qualify for Exemption payment to 1 CMC §8392(a) <input type="checkbox"/>		c) No <input type="checkbox"/>			
(B) Job Title		Organization		Grade or Pay Level		From (Month, Year)	To (Month, Year)		

25. EDUCATION AND TRAINING (Official school transcript and diploma or certificates must be attached to this application upon submission for all education and training claimed under A through I)										
(A) Name and Location of Elementary / High School attended				(B) Highest Grade Completed			(C) If Graduated, Give Date			
(D) Name and location of College/University attended (Start with your present to previous)				Dates attended		Credits Completed		Type of degree	Year of degree	
				From	To	Semester Hours	Quarter Hours			
(E) Chief undergraduate college subjects			Credits Completed		(F) Chief graduate college subjects				Credits Completed	
			Semester Hours	Quarter Hours					Semester Hours	Quarter Hours
(G) Name and location of other schools attended (trade, Vocational, business, military, correspondences)			Credits Completed		(H) Subject studied				If Certificate received, give date	
			From	To						
(I) Special qualifications, skills, honors (licenses, operate office machines, data processing equipment, vehicles, construction equipment, etc.)								Words per minute		
								Typing	Shorthand	
26. EXPERIENCE: Fill in each block completely. Start with your present or most recent employer and work back. Describe all of your work listing your most important duties first. If you supervised others, describe your supervisory responsibilities. If work was part-time show average number of hours worked per week. Account the periods over the last ten years.										
1.	Dates of Employment (Month, Year) From To			Position Title				Do not write in this space		
Salary				Place of Employment			Grade or Pay Level			
Starting \$ per										
Final \$ per										
Name and Address of employer				Name and Title of Immediate Supervisor				Hours Per Week		
Reasons for Leaving						Number and Kind of Employees Supervised				
Description of Work										

IF YOU NEED ADDITIONAL SPACE TO DESCRIBE YOUR WORK EXPERIENCE, USE PLAIN SHEET OF PAPER AND ATTACH TOGETHER WITH THIS APPLICATION.

2.	Dates of Employment (Month, Year) From _____ To _____	Position Title		Do not write in this space
	Salary Starting \$ _____ per Final \$ _____ per	Place of Employment	Grade or Pay Level	
Name and Address of employer		Name and Title of Immediate Supervisor		Hours Per Week

Reasons for Leaving	Number and Kind of Employees Supervised
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Description of Work

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3.	Dates of Employment (Month, Year) From _____ To _____	Position Title		Do not write in this space
	Salary Starting \$ _____ per Final \$ _____ per	Place of Employment	Grade or Pay Level	
Name and Address of employer		Name and Title of Immediate Supervisor		Hours Per Week

Reasons for Leaving	Number and Kind of Employees Supervised
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Description of Work

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4.	Dates of Employment (Month, Year) From _____ To _____	Position Title		Do not write in this space
	Salary Starting \$ _____ per Final \$ _____ per	Place of Employment	Grade or Pay Level	
Name and Address of employer		Name and Title of Immediate Supervisor		Hours Per Week

Reasons for Leaving	Number and Kind of Employees Supervised
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Description of Work

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5.	Dates of Employment (Month, Year) From _____ To _____	Position Title	Do not write in this space
	Salary Starting \$ _____ per _____ Final \$ _____ per _____	Place of Employment	
	Name and Address of employer	Name and Title of Immediate Supervisor	Hours Per Week
	Reasons for Leaving	Number and Kind of Employees Supervised	
Description of Work			
27.	LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE JOB FOR WHICH YOU ARE APPLYING. (Do not list supervisors you listed under Item 26.)		
	Full Name	Present Address	Business or occupation
28.	MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
29.	FOR DETAILED ANSWERS, use space below. (Correspond your answer to the item number)		
	Item Number		
30.	ARE YOU OR ANY IMMEDIATE FAMILY A TENANT/LANDLORD UNDER NMHC'S SECTION 8 PROGRAM? Yes <input type="checkbox"/> No <input type="checkbox"/>		
31.	ARE YOU OR YOUR IMMEDIATELY FAMILY A RECIPIENT OF THE HOME LOAN PROGRAM? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION**

A false answer or statement, or attempt to deceive or defraud in this application is grounds for rating you ineligible for employment with the; as per PART III A B G of the PSSR&R COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS or for dismissing you from employment with the Northern Marianas after appointment. All statements made in this application are subject to investigation, including a check of court records and former employers. All information pertinent to this application will be considered in determining your present fitness for employment with the NORTHERN MARIANAS HOUSING CORPORATION, COMMONWELATH OF THE NORTHERN MARIANA ISLANDS.

**CERTIFICATION**

I CERTIFY that I have read and understand the foregoing paragraph. I FURTHER CERTIFY that all of the answers and statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

SIGNATURE OF APPLICANT (DO NOT PRINT)

DATE (Month, day, year)





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Fax: (670)234-9021



**NOTE: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS ADDENDUM TO THE APPLICATION FOR EMPLOYMENT.**

## APPLICANT'S STATEMENT

I hereby certify that the information provided on my Application for Employment (and accompanying resume, if any) is true and completed to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize NMHC to make a thorough investigation of my past employment and activities, agree to cooperate in such investigations, and release from any liability or responsibility all persons and companies requesting or supplying information.

I further agree to submit to any lawful drug or other aptitude testing that may be required as a condition of employment or continued employment, and understand that unless otherwise prohibited by law, refusal to submit to drug testing during the course of my employment may result in discharge pursuant to NMHC's Employee Drug and Alcohol Policy.

I certify that I have read and do understand the foregoing paragraphs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*NMHC is an equal opportunity employer and will not discriminate or tolerate discrimination against any employee or applicant in any manner prohibited by law.*

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