



NORTHERN MARIANAS HOUSING CORPORATION

Community Development Block Grant-Disaster Recovery (CDBG-DR) Program

JOB VACANCY ANNOUNCEMENT

OPENING DATE: August 26, 2020

CLOSING DATE: September 11, 2020 TIME: 10:00 A.M.

NMHC JVA No.	Positions:	Salary:
2020-012	Internal Auditor (1-Position)	UNGRADED \$50,000.00 to \$60,000.00 per annum
2020-013	Senior Accountant (2- Positions)	UNGRADED \$35,000.00 to \$45,000.00 per annum
2020-014	Accountant (2-Positions)	UNGRADED \$25,000.00 to \$30,000.00 per annum
2020-015	Project Supervisor (1-Position)	UNGRADED \$35,000.00 to \$45,000.00 per annum
2020-016	Construction Inspector (3-Positions)	UNGRADED \$25,000.00 to \$30,000.00 per annum
2020-017	Administrative Specialist (2-Positions)	UNGRADED \$25,000.00 to \$30,000.00 per annum
2020-018	Receptionist (1-Position)	UNGRADED \$20,000.00 to \$25,000.00 per annum

Employment application form, detailed job description, qualification requirements and other information can be accessed at www.nmhcgov.net located on the "Job Vacancies Announcements" tab.

Applicants may submit their applications through the following options: Submission at the NMHC Central Office in Garapan, Saipan; Drop Box located in front of the NMHC Central Office building; or email application and documents to 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. 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

Website: <http://www.nmhcgov.net>

COMMUNITY DEVELOPMENT BLOCK GRANT-DISASTER RECOVERY (CDBG-DR) PROGRAM

JOB DESCRIPTION

Position: CDBG-DR Senior Accountant
Division: CDBG-DR Office
Immediate Supervisor: CDBG-DR Finance Manager
Division Manager: CDBG-DR Finance Manager

The CDBG-DR Senior Accountant shall assist the CDBG-DR Finance Manager in the supervision, coordination, and the maintenance of the financial, managerial and governmental accounting systems needed to meet CDBG-DR Program short and long-term goals and objectives with considerations given to the Federal requirements of the CDBG-DR Program.

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. Directs and coordinates activities of the CDBG-DR Accounting Division in accordance with established policies and procedures. Provide accurate, current and complete disclosure of the financial results of each grant program awarded to the NMHC in accordance with Federal reporting requirements.
2. Establish, maintain and direct accounting systems and recommend changes as necessary through the collection and interpretation of financial data.
3. Prepare various CDBG-DR program financial reports according to deadlines and/or as required by the Finance Manager, Corporate Director and/or Board.
4. Supervise employees and provides guidance in work planning, execution and maintenance of performance standards; evaluate employees on their performance and provides counseling or enforces disciplinary procedures as required.
5. Prepare the CDBG-DR program annual operating budget and provide required justifications for review and approval by the CDBG-DR Finance Manager and Corporate Director and the Board of Directors.
6. Develop and maintain a system in record keeping, security thereof and records confidentiality; reviews and approve periodic reports and payments to vendors. Provide effective control and accountability for all funds, property, and other assets used solely for authorized purposes.
7. Assist independent auditors to determine, at a minimum, the fiscal integrity of financial transactions and reports, and the compliance with laws, regulations and administrative requirements. Sit in on exit audit hearings and response to questions raised. Provide a systemic method to assure timely and appropriate resolution of audit finds and recommendations.
8. Oversee and/or as necessary, perform a variety of general ledger duties and responsibilities following GAAP (Generally Accepted Accounting Principles).

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9. Prepare, verifies trial balances, reconciles accounts, and determine validity of transactions and other supporting details.
10. As necessary, make journal entries on a daily basis, reconcile, and adjust payment transactions based on the general ledger schedule such as notes receivable, accounts receivable, interests' receivables, etc.
11. Review receivables and performs analytical procedures, foot receivables to test adequacy of allowance for doubtful accounts; discuss adequacy of accounts with supervisor and compare to historical experience.
12. Work with, respond to auditors' questions and/or concerns regarding CDBG-DR program, and provide schedules and documents as requested by the auditor.
13. Calculate interest expense; reviews and records monthly accrual and other liabilities. Input all vendor invoices and make open invoices report for check preparation every 15th and 30th of each month.
14. Perform other related duties as assigned by the CFO, Corporate Director and/or Board.

Minimum Qualification Requirements:

Education and/or Experience Required:

Bachelor's Degree in Accounting/Finance from a U.S. accredited college or university plus a minimum of four (4) years of experience of which two (2) years must have been in a supervisory capacity.

Knowledge & Abilities:

Substantial knowledge and background in federal grants, computerized accounting and data processing. Computer literacy is important for the expeditious handling and completion of assignments. Must be versatile in the use of various computer and accounting software. Must be able to make independent judgment and decisions with respect to proper accounting principles and policies. The ability to communicate verbally or in writing and prepare routing to moderately/highly-complex correspondences and reports are essential to program requirements. Ability to ensure the accounting practices are in compliance with the law/grant. Excellent working knowledge of accounting and procedures including account operations activities. Excellent leadership and management skills. Ability to work under pressure. Ability to explain and discuss financial data with team members. A keen eye for accuracy.



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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

GENERAL INSTRUCTIONS: 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 <small>(Name, Address, Phone Number)</small> 19. OTHER NAMES WHICH YOU ARE OR HAVE BEEN KNOWN BY			
18. LIST THE LANGUAGES YOU KNOW				Indicate your knowledge by placing "X" in the proper columns.					
		Read		Speak				Understand	
		Write							
20. WITHIN THE LAST FIVE YEARS OF EMPLOYMENT HAVE YOU:						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			
			From	To	Semester Hours	Quarter Hours	Type of degree	Year of degree
(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	

Description of Work

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	

Description of Work

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	

Description of Work

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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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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