



NORTHERN MARIANAS HOUSING CORPORATION

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

JOB VACANCY ANNOUNCEMENT

NMHC JVA No.	Positions:	Salary	Opening Date	Closing Date
2021-042	CDBG-DR Receptionist (1-Position)	UNGRADED \$20,000.00 to \$25,000.00 per annum	November 30, 2021	December 15, 2021 4:00 PM

Employment application form, detailed job description, qualification requirements and other information can be accessed at www.nmhcgov.net and www.cnmi-cdbgdr.com.

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; the CDBG-DR Office located on the 3rd Floor of the Ladera Building, Chalan Laulau, Beach Road; 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.nmhc.gov.net>

JOB DESCRIPTION

Position: Receptionist
Division: CDBG-DR Office
Immediate Supervisor: CDBG-DR Administrative Manager
Division Manager: Corporate Director

This position involves moderately to highly complex professional responsibilities involved in the assurance of public service, prompt and courteous assistance to clients, and other administrative duties. Incumbent is under the direct supervision of the CDBG-DR Administrative Manager.

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.

Duties and Responsibilities:

- Answering phone;
- Obtaining and distributing messages;
- Assist clients with inquiries and complaints;
- Daily logging of documents;
- Keeps track of contracts and documents;
- Processing pouches to and from the Field Offices;
- Assists program managers and staff;
- Directing clients to program specialist;
- Distributing daily mail and correspondences to the various program manager and staff;
- Organizing resource materials at the reception area;
- Keeping reading files organized;
- Assist Administrative Specialist and Administrative Manager;
- Keeps inventory of office supplies;
- Assists in updating agency information (e.g. brochures, pamphlets, bulletin board, reports);
- Keeps the reception area neat and tidy;
- Assists in writing correspondences to agencies and organization;
- Assists in delivering documents to other agencies and organizations;
- Performs other related duties as assigned by the Administrative Specialist and Administrative Manager

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Minimum Qualification Requirements:

Education/Experience:

High School Graduate or equivalent (GED) plus at least one (1) year of experience in working with the public and providing customer service.

Knowledge & Abilities:

Must have knowledge on office operations; Must have the ability to handle and work under pressure associated with complex deadlines, work-related demands and/or assignments; Must have knowledge in English grammar and the ability to communicate verbally and in writing; Ability to adapt to changes in work schedule and flexibility to adjust to such changes; Must have knowledge in basic computer software operation; Must have knowledge in operating electronic equipment and other office equipment; Must possess good interpersonal skills in handling customers and clients; Has the ability to multi-task; Must possess good reading and comprehension skills Must possess good organizational skill; Must be able to lift more than 10 lbs.; Must be able to operate a vehicle and must have a valid driver's license.



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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		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	
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

3.	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
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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	
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

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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