



# 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
2022-018	CDBG-DR Internal Auditor (1-Position) <b>RE-ANNOUNCEMENT</b>	UNGRADED \$50,000.00 to \$65,000.00 per annum	June 6, 2022	Until Filled
2022-019	CDBG-DR Project Supervisor (1-Position) <b>RE-ANNOUNCEMENT</b>	UNGRADED \$35,000.00 to \$45,000.00 per annum	June 6, 2022	Until Filled

Employment application form, detailed job description, qualification requirements and other information can be accessed at [www.nmhcgov.net](http://www.nmhcgov.net) and [www.cnmi-cdbgdr.com](http://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 3<sup>rd</sup> Floor of the Ladera Building, Chalan Laulau, Beach Road; 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.nmhcgov.net>

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

### JOB DESCRIPTION

**Position:** CDBG-DR Internal Auditor  
**Division:** CDBG-DR Office  
**Division Manager:** Corporate Director

The CDBG-DR Internal Auditor shall perform audits on the CDBG-DR program activities and financial compliance. Reviews program actions to identify potential issues of fraud, waste and abuse. The Internal Auditor shall ensure accuracy of information and effective grant management of the CDBG-DR program and complies with applicable federal regulations and Federal Register guidance; Prevent audit findings and concerns from the Office of the Inspector General (OIG) and the U.S. Department of Housing and Urban Development (HUD) monitoring visits.

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. Monitors, analyzes and assesses risks and controls of the CDBG-DR Office;
2. Review information on the CDBG-DR program compliance with the state and federal policies and laws;
3. Provides reports and recommendations to the Finance Manager and/or Corporate Director on potential fraud, waste and abuse;
4. Monitors the establishment and maintenance of effective internal control of the CDBG-DR federal award;
5. Performs prompt action when instances of noncompliance are identified;
6. Performs periodic risk assessments on the CDBG-DR program activities;
7. Develops, implements and monitors audit plans; monitors performance against applicable federal regulations and federal register guidance;
8. Develops internal audit plan to include: prioritized audit risks through risks assessments of the CDBG-DR activities and improvement plans on CDBG-DR activities;
9. Coordinates the internal audit with CDBG-DR management. Develops audit recommendations, solutions, and/or findings. Assesses effectiveness of measures implemented as a result of previous internal or external audits;
10. Develops policy and procedure manuals for the internal audit function;
11. Reviews and edits audit reports prepared by program managers, assess logic and conceptual soundness of audit findings and recommendations, ensures conclusion are based on adequate supporting evidence, ensures report language is clear, convincing, fair and concise;
12. As related to financial controls, evaluates the CDBG-DR program information systems for adequacy and effectiveness of general and applications controls; tests controls compliance of any contracts with vendors and other contractors. Summarizes any reportable conditions and work with program managers to recommend improvements to processes. Coordinate with external auditors on Single audit work;
13. Communicates with CDBG-DR program managers about the audit processes;
14. Be responsible for a combination of compliance audits, internal control assessments, CDBG-DR grants management, and external oversight capabilities centered on maintaining grant compliance and helping mitigate risk of potential fraud, waste and abuse;
15. Reports directly to the Governor;

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16. Performs other related duties as assigned by the Governor.

**Minimum Qualification Requirements:**

**Education and/or Experience Required:**

Master's Degree in Accounting/Finance from a U.S. accredited college or university plus a minimum of three (3) years in planning and administering audit functions or Bachelor's Degree in Accounting/Finance from a U.S. accredited college or university plus a minimum of five (5) years of in planning and administering audit functions; or an equivalent combination of training and experience. Experience in internal and external auditing.

**Knowledge & Abilities:**

Preferred knowledge of the following: Standards for Professional Practice of Internal Auditing; Generally Accepted Accounting Principles; Generally accepted governmental audit standards, including U.S. Office of Management and Budget (OMB) circulars such as OMB A-133 and A-134, and other organizations issuing documents or standards related to audits of government agencies; Principals and techniques of operational and performance auditing , audit exposure and risk analysis, research methods, program evaluation and management analysis; Government financial management, including budgeting, accounting, debt/cash management, treasury and purchasing; Management information systems; Research methods and statistical sampling techniques; quantitative and qualitative analysis, account analysis and reconciliation methods, work paper preparation methods and documentation; Financial aspects of information technology resources typical to complex organization, such as data, applications systems, technology, facilities; Principles and practice of sound business communications.

Ability to plan, direct and manage a comprehensive operation audit process covering over time all CDBG-DR program activities and functions; Define complex management, finance, budget, operational and administrative issues; perform difficult and complex analyses and research; evaluate alternatives and develop sound conclusions and recommendation; Understand, interpret, explain and apply CDBG-DR program requirements, local and federal regulations applicable to areas of audit inquiry; Present audit findings and recommendations clearly, logically and persuasively; Represent the CDBG-DR Office effectively on a variety of complex, sensitive and confidential issues; Exercise sound, expert, independent judgement within general policy guidelines; Exercise seasoned management and political acumen, tact and diplomacy in dealing with complex, sensitive and confidential issues that often have multiple and conflicting agendas and positions; Establish and maintain highly effective working relationships with all NMHC staff and management.



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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.**

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

# 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 <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	

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	

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	

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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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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