



# NORTHERN MARIANAS HOUSING CORPORATION (NMHC)

## JOB VACANCY ANNOUNCEMENT

OPENING DATE: February 29, 2024

CLOSING DATE: March 15, 2024

TIME: 4:00 P.M.

NMHC JVA No.	Positions:	Salary:
2024-006	Chief Financial Officer (CFO)	\$90,000.00 to \$100,000.00 per annum (UNGRADED)

Employment application form, detailed job description, qualification requirements and other information may be accessed at the NMHC website 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; 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:** Chief Financial Officer (CFO)  
**Salary:** \$90,000.00 to \$100,000.00 Per annum (UNGRADED)  
**Division:** Fiscal Division  
**Immediate Supervisor:** Corporate Director

## SUMMARY

The CFO assists the Northern Marianas Housing Corporation (NMHC) in managing its fiscal affairs and provides information primarily financial in nature to the Corporate Director and the Board of Directors.

The CFO will work under a two-year contract (options for renewal will be considered upon performance, accomplishments, and NMHC's needs). The CFO will report directly to and receive general direction from the Corporate Director.

## ESSENTIAL DUTIES AND RESPONSIBILITIES

- Oversee the activities of the Fiscal Division for the accurate and timely dissemination of financial management reports including but not limited to, internal and external financial statements productions.
- Keep the official books and accounts of the Corporation.
- Prepare monthly and annual reports of the financial condition of the Corporation for the Board of Directors.
- Prepare responses to audit exceptions and recommend alternative solutions.
- Review and approve all accruals and journal entries for posting to the general ledger.
- Supervise and review the work of the Chief Accountant of the Fiscal Division and all employees of the Fiscal Division and ensure the NMHC's financial records are properly maintained and recorded.
- Review and submit financial statements and other financial documents as directed by the Corporate Director and/or the Chairperson of the Board and be able to effectively communicate the financial statements and financial documents to the Board of Directors and other relevant parties.
- Maintain a profit and loss statement to reflect the financial standing of NMHC's federally funded programs.
- Prepare and submit special reports as requested by the Board of Directors.
- Review all NMHC contracts and determine if fund certification is appropriate.
- Maintain financial records of all NMHC's federally funded programs.
- Attend all NMHC meetings including board meetings.
- Prepare formal narratives and financial communications.
- Establish and maintain systems and controls
- Verifying the integrity of all systems, processes and data.
- Provide training for the accounting employees.
- Provide efficient and effective office management.
- Other financial duties as assigned by the Board of Directors.



**"NMHC is an equal employment and fair housing public agency"**

## **MINIMUM QUALIFICATION REQUIREMENTS:**

### **Education and Experience:**

Bachelor's Degree in accounting and shall have at least five (5) years experience in governmental or financial accounting. A licensed Certified Public Accountant (CPA) is preferred but not required.

### **Knowledge:**

Excellent in office administration and management. Must have knowledge of U.S. Department of Housing and Urban Development programs and other federal and local government programs in relation to housing, infrastructure, and economic development. Knowledge of HUD-based computer programs/software and use of environmental assessment forms and regulations. Must have knowledge of Excel spreadsheet, database or statistical analysis software.

### **Abilities:**

Must have the ability to formulate plans and programs; ability to prepare, analyze, and interpret technical reports, Federal and local policies, procedures, and regulations; analyze data obtained through reports and/or surveys to develop plans and needed programs. Establish and maintain effective working relationships with individuals and/or groups, committees, and the general public. Must have the ability to relate to staff and management, Board of Directors, local officials, and residents. Must have excellent oral and written communication skills. Must be computer literate to execute a variety of various accounting and HUD software that is required for reporting and transmitting tenant/resident and other related data electronically to HUD, including word processors, spreadsheet, database, and statistical analysis software. Must have the ability to handle math computation, determine value of tenant's assets, etc. Able to work independently and is a good coordinator/organizer.



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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.								
		Read	Speak	Understand	Write					
						19. OTHER NAMES WHICH YOU ARE OR HAVE BEEN KNOWN BY				
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		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				
3.	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				
4.	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				

5.	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				
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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