



# NORTHERN MARIANAS HOUSING CORPORATION

## JOB VACANCY ANNOUNCEMENT

OPENING DATE: May 06, 2021 CLOSING DATE: May 24, 2021 TIME: 4:00 P.M.

| NMHC<br>JVA No. | Positions:                        | Salary:                                   |
|-----------------|-----------------------------------|---|
| 2021-022        | 2-Staff Engineer Civil/Structural | \$70,000-\$100,000.00 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) 234-6866/9447or 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:** STAFF ENGINEER CIVIL/STRUCTURAL  
**Salary:** \$70,000.00 to \$100,000.00 per annum (UNGRADED)  
**Division:** CDBG-DR Office  
**Immediate Supervisor:** CDBG-DR PROJECT MANAGER

## SUMMARY

The Northern Marianas Housing Corporation (NMHC) is seeking for a qualified Staff Engineer to assist the agency in the implementation of the program's Housing and Infrastructure projects. These projects range from small-scale to large-scale capital improvement projects.

This position is located within the Northern Marianas Housing Corporation's (NMHC) Community Development Block Grant Disaster Recovery (CDBG-DR) Office. The employee in this position is directly under the supervision of the Project Manager and is expected to serve as technical support to all divisions at the CDBG-DR Office, as assigned. The employee provides technical engineering assistance and makes recommendations to Managers and the Corporate Director.

*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 & RESPONSIBILITIES

1. Manage, design, develop, create and maintain small-scale housing through large-scale capital improvement projects in a safe, timely and sustainable manner;
2. Conducts site investigations for permitting, verification, and enforcement purposes and analyze data (maps, reports, tests, drawings and other related matters pertaining to permitting);
3. Carry out technical and feasibility studies and draw up blue prints that satisfy technical specifications;
4. Assess potential risks, materials and costs;
5. Provide advice and resolve creatively any emerging problems/deficiencies;
6. Oversee and mentor staff and liaise with a variety of stakeholders;
7. Monitor progress and compile reports on project status;
8. Coordinate with Finance Division for the management of project budget;
9. Comply with all federal and local guidelines and regulations including permits, safety etc.;
10. Deliver technical files and other technical documentation as required;
11. Draft various types of CDBG-DR specific documents such as enforcement letters, notice of violations, administrative orders, deficiencies, public outreach information, etc. ;
12. Plan and conduct internal/external trainings, on requests;
13. Conduct performance testing as necessary for both enforcement and training purposes;
14. Conduct inspections, assessments, sampling investigations and audits of facilities, both public and private, for the purpose of determining compliance with all local and federal regulations and project specifications. Employee provides technical and engineering services to support enforcement activities. Assessments may include Preliminary Assessments;
15. Conduct critical review of technical documents for technical completeness and accuracy;
16. Prepare written comments on assigned projects. From a technical standpoint, prepares, reviews and comments on draft guidance, policy, regulations, and other reports and documents assigned;

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17. Assist in the development of technical and regulatory criteria for assigned program areas;
18. Reviews and draft regulations for new programs and amendments/modifications to existing regulations;
19. Provide technical and engineering support to all branches, as assigned;
20. Prepares written progress reports on a monthly basis on assigned projects to be incorporated into the CDBG-DR quarterly progress report to HUD;
21. Performs other related duties as assigned.

**QUALIFICATIONS:**

**1. Education:** Bachelor's Degree in Engineering, Architecture, or related field; Master's Degree preferred but not required.

**2. Experience:** Minimum of 3 years or more in Structural and/or Civil Design; Licensed Engineer preferred but not required.

**3. Knowledge, Skills and Abilities:** Demonstrated ability to apply federal standards and regulatory requirements for the design and construction of various infrastructure facilities; Knowledge and familiarity and application of all federal and local regulations concerning construction and building codes; Knowledge on construction safety requirements; Knowledge and familiarity of AutoCAD software and programs and other related engineering design software and programs; Proficient writing and communication skills; Flexible in working under pressure; Ability to work harmoniously with other personnel and the ability to maintain confidentiality in all assignments; Must be able to operate a vehicle and must possess a valid CNMI Driver's License.

**Mandatory Requirement:**

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



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



## 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<br><small>Home<br/>Work</small>  |       |  |  |   |  |
| 9. ISLAND (or City and State)   |              | 10. ZIP CODE  |       |  |  |   |  |
| 11. BIRTHDATE (Month, Date, Year)   |              | 12. BIRTHPLACE  |       |  |  | 13. CITIZENSHIP<br>United States <input type="checkbox"/><br><br>Other <input type="checkbox"/><br>Specify: _____                         |  |
| 14. GENDER<br>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<br><small>(Name, Address, Phone Number)</small><br><br>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<br>\$ _____ per  |              | 22. WILL YOU ACCEPT TO TRAVEL (Check one)<br>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<br>(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<br>(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)<br>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)<br>From _____ To _____ | Position Title                         |   | Do not write in this space |
|                              | Salary<br>Starting \$ _____ per<br>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

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|                              |  |  |   |                            |
|------------------------------|--|--|---|----------------------------|
| 3.                           | Dates of Employment (Month, Year)<br>From _____ To _____ | Position Title                         |   | Do not write in this space |
|                              | Salary<br>Starting \$ _____ per<br>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

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|                              |  |  |   |                            |
|------------------------------|--|--|---|----------------------------|
| 4.                           | Dates of Employment (Month, Year)<br>From _____ To _____ | Position Title                         |   | Do not write in this space |
|                              | Salary<br>Starting \$ _____ per<br>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

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|--|--|---|----------------------------|
| 5.   | Dates of Employment (Month, Year)<br>From _____ To _____   | Position Title                          | Do not write in this space |
|  | Salary<br>Starting \$ _____ per _____<br>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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Website: <http://www.nmhc.gov.net>

Tel: (670)234-6866/9447

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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