



324 East River Road
Brainerd, MN 56401
(218) 828-3705

Brainerd HRA is seeking a qualified candidate for a full-time Housing Rehab Specialist. This position will assist in administering and maintaining the Housing Trust Fund and HRA loan programs such as the MHFA Rehab Loans, GMHF, FHLB and SCDP Deferred Loan Programs. Conduct client and applicant interviews and income verifications to determine eligibility, process applications in accordance with program regulations, develop, maintain program waiting lists, create and maintain client files and provide general administrative support.

Minimum requirements include an Associate's degree in related field plus two years' experience in position with similar job duties or four years' combination of relevant education, training and experience

Brainerd HRA offers a competitive wage and excellent benefit package. A complete application packet can be found at www.brainerdhra.org.

Please submit cover letter, application and supplemental questions by 4:30 p.m. on November 18, 2019 to Kathy at above address or kathryn@brainerdhra.org.

An Equal Opportunity Employer

Brainerd Housing & Redevelopment Authority

Housing Rehab Specialist

Status: Full-time, Non Exempt
Supervisor: Housing Rehabilitation Coordinator

Position Summary

The Housing Rehab Specialist is responsible for providing administrative support to the Housing Rehabilitation Coordinator, including providing assistance administering a variety of rehabilitation programs, the Housing Trust Fund and other programs. This position is expected to follow local, HRA, state, and federal policies, regulations and laws.

Essential Functions

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. The omission of specific statements of duties does not exclude them if the work is similar, related or a logical assignment to the position.

- Conduct client and applicant interviews and income verifications to determine eligibility, process applications in accordance with all applicable program rules and regulations, develop and maintain program waiting lists and create and maintain client files for Rehab Programs.
- Assist Housing Rehabilitation Coordinator in administering and maintaining the Housing Trust Fund and HRA rehabilitation loan programs such as the MHFA Rehab Loan programs, GMHF, FHLB and SCDP Deferred Loan Programs. (i.e. reconcile loan balances to draw requests, prepare and record closing documents, and respond to payoff, satisfactions and subordination requests.)
- Responsible for reporting requirements for rehab programs.
- Assist in applying for funds through agencies such as MHFA, GMHF, FHLB and DEED for rehabilitation programs.
- Review payroll reports for completeness and accuracy, help contractors achieve compliance.
- Conduct Davis Bacon Wage interviews.
- Verify by examination that file documentation is complete and files are audit ready.
- Assist Housing Rehabilitation Coordinator in conducting needs ratings and verifications.
- Process MHFA loans thru loan commitment system.
- Maintain the Policy and Procedures Handbook for the Housing Rehabilitation Loan Programs.
- Assist with department administrative needs such as preparing letters and other correspondence, filing, scheduling appointments and copying as needed.
- Prepare and maintain excel spreadsheets, schedules and reports.
- Monitor loan and program budgets and ensure expenditures are within budgeted amounts.
- Track and process pay applications.
- Other activities as directed.

Minimum Qualifications

Associate's degree in related field plus two years' experience in position with similar job duties or four years' combination of relevant education, training and experience that meets the requirement to successfully accomplish the assigned duties and responsibilities. Extensive experience with windows based software application is required. Possession of a valid driver's license and access to reliable transportation.

Knowledge, Skills and Abilities

- Ability to resolve conflicts and negotiate effectively.
- Knowledge of administrative practices, policies and procedures, excellent written and verbal communication skills.
- Knowledge of Data Privacy Laws, Fair Housing Laws and regulations.
- Ability to organize, establish priorities, meet program guidelines and timelines and work independently.
- Ability to interpret and apply regulations.
- Knowledge of Housing Rehab Programs.
- Ability to work with government officials, board members, department managers, clients, staff and program participants in a professional manner.
- Ability to recognize discrepancies in program data and communications (attention to detail is critical).
- Ability to perform mathematical functions with accuracy.

Physical Requirements

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing this job, the employee is required to talk, hear, have eyesight and have mobility enough to operate a variety of office machines, operate a vehicle and work in buildings with stairs and elevators. The employee frequently is required to bend/stoop, reach above shoulder level, push and pull. The employee is occasionally required to squat, crawl, climb, kneel and carry/lift up to 24 lbs.

This job description does not constitute an employment agreement or binding contract and is subject to change by the employer as the needs of the employer and requirements of the job change.



Brainerd HRA

324 East River Road
Brainerd, MN 56401

Phone: 218/828-3705
Fax: 218/828-8817

Employment Application

INSTRUCTIONS

We welcome you as an applicant for employment. Your application will be considered with others. **A completed Brainerd HRA application form is required to apply for employment at the Brainerd HRA.** The specific job title of the position must be listed on the application form. A separate application form is required for each position.

Please complete the application form as thoroughly as possible. **Do not mark your application "see resume."** Resumes may be included, but will not be accepted in lieu of a completed application form. The information provided in the application form will be used to assess your qualifications for the position.

Additional items may be required, including but not limited to, certifications, licenses, and other information as noted on the job posting. These items should be included with the application packet. If submitting an electronic application, please submit these items separately noting an electronic application was submitted.

Applications and supporting documents must be received by the deadline date and time listed on the job posting.

If you have any questions, you may contact the office listed below:

Brainerd HRA Office
324 East River Road
Brainerd, MN 56401
Phone: (218) 828-3705
Fax: (218) 828-8817

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is voluntary and confidential. This information is NOT part of the application file and is REMOVED from the application when received by our office. We appreciate your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position applied for:					
Referral Source:					
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Community or Agency		
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> College	<input type="checkbox"/> Website	<input type="checkbox"/> Other		
Gender: (check one):	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Race or ethnic group (check one):	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Asian/Pacific Islander
Do you have a disability?		Disability status defined as:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning); 2) Has a history of disability (such as cancer that is in remission); 3) Is regarded as having such an impairment			

Position Applied For: _____ Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle
Address: _____
Street City State Zip
Phone: _____
Home Cell Work

Are you either a US citizen or legally eligible for employment in the U.S.A.? Yes No

Note: Proof of citizenship or work eligibility will be required as a condition of employment.

Are you eighteen years of age or older? Yes No If under 18, state date of birth: _____

Are you presently or have you previously been employed by us? Yes No Dates of Employment _____

List all other name(s) under which your employment or education records can be found: _____

Do you have any special needs which may necessitate accommodations in the application/interview process? Yes No

EMPLOYMENT DESIRED

Type of employment desired: Full-time Part-time Seasonal/Temporary

Driver's license # if applicable to position _____

Salary desired: _____ Date available: _____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

If no, explain: _____

EDUCATIONAL INFORMATION

Did you graduate from high school? Yes No GED

High School Name: _____
High School City State

Check your grade
Grade School 1 2 3 4 5 6 7 8
High School 9 10 11 12 or GED
College 13 14 15 16
Post Graduate MA PhD

<u>Name and location of college, university, and/or technical schools</u>	<u>Dates of attendance</u>	<u>Major/minor or study area</u>	<u>Degree received</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

Please provide complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.

PRESENT EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

May we contact this employer? Yes No If no, explain:

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

May we contact this employer? Yes No If no, explain:

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

May we contact this employer? Yes No If no, explain:

JOB RELEVANT VOLUNTEER EXPERIENCE OR UNPAID WORK EXPERIENCE

<u>Name of Organization</u>	<u>Work Performed</u>	<u>Hrs/wk</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMPLETE ALL OF THE FOLLOWING APPLICABLE TO THE POSITION YOU ARE APPLYING

COMPUTER HARDWARE/SOFTWARE SKILLS:

	<u>List types of Hardware/Software</u>	<u># Years of Experience</u>
<u>Training:</u>	_____	_____
	_____	_____
<u>Experience:</u>	_____	_____
	_____	_____

Licenses/Certificates held: (List relevant current licenses, registrations or certificates. Include Driver's License in this section if required):

<u>Type of License</u>	<u>License Number</u>	<u>State Issued</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPRENTICESHIP(s) served or trades learned: _____

SPECIFIC EQUIPMENT EXPERIENCE: _____

PROFESSIONAL REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or supervisors under whom you worked or know well, preferably from a work environment. Do not use acquaintances or relatives. The Brainerd HRA reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name: _____ Address: _____
 Phone: _____ Occupation: _____
(Work) (Home or Cell)

Name: _____ Address: _____
 Phone: _____ Occupation: _____
(Work) (Home or Cell)

Name: _____ Address: _____
 Phone: _____ Occupation: _____
(Work) (Home or Cell)

VETERANS PREFERENCE

COMPLETE THIS FORM *ONLY* IF YOU ARE A VETERAN *AND* ARE CLAIMING VETERANS PREFERENCE
NOTE: COPY OF "MEMBER COPY 4" VETERANS DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, MUST BE ATTACHED

(Veteran is defined by MN Statute § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other military documents verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "Member Copy 4" of your DD214, or other documentation verifying service, contact the County Veterans Service Office at (218) 824-1058.

The Brainerd HRA operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served the full period called or ordered for active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, or have active military service certified under 38 U.S.C. § 106, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing employment with the Brainerd HRA.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" of DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST)	(FIRST)	(M)	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
				Closing Date:
ADDRESS (STREET)			(CITY)	(STATE)
			(ZIP)	PHONE NUMBER
				ARE YOU A CITIZEN OR RESIDENT ALIEN?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points) (*"Member Copy 4" of DD214 or DD215 or other documentation verifying service must be submitted to receive points*)

Honorably discharged veteran YES NO

FOR DISABLED VETERANS (15 points) (*"Member Copy 4" of DD214 or other documentation verifying service and USDVA Letter of compensable disability rating decision must be submitted to receive points*)

Percent of Disability: _____ %

Have you ever been promoted in Brainerd HRA employment? YES NO

SPOUSE OF DECEASED VETERANS (10 points, 15 if the veteran was disabled at time of death)

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate and spouse's death certificate must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried? YES NO

SPOUSE OF DISABLED VETERANS (15 points)

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of compensable service connected disability rating decision must be submitted to receive points)

How does veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability the veteran is unable to qualify for this position because:

(be specific) _____

AFFIDAVIT: *I hereby claim Veterans Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans Preference verification documents and submit them to the Brainerd HRA by the required application deadline.*

Signature _____ Date _____

Equal Opportunity Employer

Information Regarding Claiming Veterans Preference

Preference points are awarded to qualified veterans as defined by MN Statute §197.477 and to certain spouses of deceased or disabled veterans subject to the provision of MN Statute §§197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e, having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of “veteran status” granted under U.S. PL 95-202 (38 U.S.C. §106)

The information provided will be used to determine your eligibility for veterans preference points. You are required to supply the following information:

- 1.) Attach a copy of the “Member Copy 4” of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2.) Disabled veterans must also supply a Military/United States Department of Veterans Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Generally, disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statute §§197.455 and 197.447 if it was incurred prior to September 7, 1980.
- 3.) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veterans “Member Copy 4” of DD214 or DD215 or other documentation verifying service, a death certificate, verification of their marriage at the time of veteran’s death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the Brainerd HRA. Please contact our office at (218) 828-3705 or your local County Veterans Service Office, if you have any questions regarding veterans preference.

Updated: 9/20/2016

CONVICTIONS OR CRIMINAL RECORDS

The Brainerd HRA conducts criminal history background checks on all regular full-time, part-time, temporary and seasonal employees.

Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (Minnesota Statutes 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.

Before any applicant is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the Brainerd HRA to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age. This policy applies to full-time, part-time, temporary and seasonal employment.

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

The information requested on the application is intended to be used by the Brainerd HRA in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the Brainerd HRA being unable to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the Brainerd HRA may be unable to provide the necessary accommodations if you do not provide the information noted under Personal Information. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the Brainerd HRA without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

APPLICANT CERTIFICATION:

I understand that any falsified information or significant omissions on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. I authorize investigation of all statements contained in this application or made during my interview for employment as may be necessary in arriving at an employment decision. I release such employers and individuals from all liability or damages whatsoever that may arise from furnishing this information.

Applicant's Signature

Date

Note for On-line Applicants: By returning your application via e-mail, you do agree that all the information provided is true and accurate. If you are invited to an interview, you will be requested to sign your original application at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Brainerd HRA.

Applicant's Signature

Date

BRAINERD HRA

SUPPLEMENTAL APPLICATION FORM

Housing Rehab Specialist

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED

NAME: _____

Each applicant must complete this supplemental questionnaire as a part of the application screening and selection process. The information you provide will be reviewed and issued to determine your eligibility to move forward in the selection process. Incomplete responses, false statements, omissions, or partial information may result in disqualification from the selection process. Feel free to add additional pages if needed to complete your responses.

1. Do you have an Associate's Degree in Construction Management or related field plus two years' experience or four years' experience with similar duties to the Housing Rehab Specialist job description? .

YES

NO

Please describe:

2. Have you conducted client interviews, processed applications and verified income for any program? If so, what programs?
3. Have you ever started a program from scratch? If so, what steps did you take to get the program up and running?

4. Describe a time when you had to organize a large project. What was the project and what steps did you take to get it organized?
5. Why are you interested in this position and what could you bring to the job?

I hereby certify that my answers to the questions on this application are complete and true to the best of my knowledge.

Applicant's Signature

Date