



## Board of Selectmen Meeting

Monday, December 17, 2018 7:00 PM

36 Bartlet Street, Andover, MA 01810

Selectmen's Conference Room

RECEIVED  
TOWN CLERK'S OFFICE

2018 DEC 13 P 2:48

TOWN OF ANDOVER, MASS

- I. **Call to Order – 7:00 P.M.**
- II. **Opening Ceremonies – 7:00 P.M.**
  - A. **Moment of Silence/Pledge of Allegiance**
- III. **Communications/Announcements/Liaison Reports – 7:05 P.M.**
- IV. **Citizens Petitions and Presentations – 7:10 P.M.**
- V. **Public Hearings**
- VI. **Regular Business of the Board**
  - A. Gas Disaster Update – (5 minutes)  
Board to receive an update on the Gas Disaster.
  - B. Meeting and Events Update – (10 minutes)  
Board to discuss how the Town Manager will communicate upcoming meetings and events.
  - C. Customer Service Based Technology Update – (10 minutes)  
Town Manager and Management Analyst to provide update on customer service improvements.
  - D. Water Quality Project – (30 minutes)  
Board to receive overview of water quality project.
  - E. Draper Staging – (10 minutes)  
Board to consider voting to approve the proposed staging for 23-45 Main Street for 3-4 months.
  - F. Town Manager Evaluation Instrument & Timeline – (15 minutes)  
Board to consider voting to approve Town Manager Evaluation Instrument and timeline.
  - G. Building Naming Rights Policy – (20 minutes)  
Board to discuss and potentially vote on a policy for building naming rights and discuss potentially naming the new Ballardvale Fire Station.

## VII. Consent Agenda

### A. Appointments by the Town Manager

That the following appointments by the Town Manager be approved:

Department	Name	Position	Rate/Term	Date of Hire
Community Services - Recreation	Jessica Moses	Recreation Seasonal	\$10.25/hour	11/26/18
Community Services - Recreation	Julianna Barbaro	Recreation Seasonal	\$10.25/hour	1/5/19
Community Services	Grace Jenkins	Kid Care Assistant Group Leader, Assistant On-Site Director	\$12.00/hour	12/7/18
Public Works	Jacob Anderson	Highway Equipment Operator I	\$24.38/hour	12/18/18
Facilities	Robert Bouche	Temporary Inventory/Assistant Driver	\$25.00/hour	1/2/19
Town Clerk	Kenneth Veznaian	Pollworker	\$9.25/hour	10/31/18

## VIII. Approval of Minutes

Board to consider approving minutes from the following meetings:

Board of Selectmen Meeting, Oct. 15, 2018

Board of Selectmen Meeting, Nov. 5, 2018

Board of Selectmen Special Town Meeting, Nov. 27, 2018

## IX. Adjourn

*If any member of the public wishing to attend this meeting seeks special accommodations in accordance with the Americans with Disabilities Act, please contact the Town Manager's Office at 978-623-8210 or by email at [manager@andoverma.gov](mailto:manager@andoverma.gov).*

MEETINGS ARE TELEVISED ON  
COMCAST CHANNEL 22 AND VERIZON CHANNEL 45

# LICENSE AGREEMENT

By and between

THE TOWN OF ANDOVER

And

OWNER

This License Agreement (the "Agreement") is entered into as of 13 day of DEC., 2018 by and between the Town of Andover and \_\_\_\_\_ (hereinafter "Licensee" or "Owner")

WITNESSETH:

**WHEREAS**, Licensee is owner of the property located at 27 Main Street within the Town of Andover (hereinafter the "Property");

**WHEREAS**, Licensor is the Town of Andover (hereinafter the "Town");

**WHEREAS**, the Owner desires to use the public sidewalk in front of the Property in order to construct scaffolding in connection with improvements to the Property;

**WHEREAS**, the Town and the Owner desire to cooperate to further the above-stated purpose in a way compatible with the public interest and public safety;

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein, the parties hereto agree as follows:

1. License to Construct Scaffolding. The Town of Andover hereby grants the Owner a revocable license to construct scaffolding on the sidewalk adjacent to the Property. The Licensee shall comply with the terms of this Agreement, the License granted by the Board of Selectmen, any other license related to the Property, all applicable laws, regulations, and bylaws and all applicable rules and regulations established by the Board of Selectmen. The Owner shall be responsible for obtaining all permits or licenses at its expense for the scaffolding. The Licensee shall also be subject to the following conditions:

- a.) Access to any Fire Department connections contained within the scaffolding area must be kept clear and visibly marked.
- b.) Owner is responsible for any snow removal/salting/sanding of pedestrian walkways underneath the proposed scaffolding.

- c.) Mesh Scrim shall be plain unadorned scrim without any signage or branding unless approved by the Design Review Board prior to erection.
- d.) Lighting within sidewalk shed as per plan submitted to and approved by the Building Inspector.
- e.) Owner shall submit specific dates/timeframe for scaffolding to remain in place, subject to approval of the Board of Selectmen.
- f.) Owner shall obtain Board of Selectmen approval prior to erection of scaffolding.
- g.) Owner shall furnish and maintain liability insurance in the amount of \$2,000,000 as verified by a certificate of insurance filed with the Town Clerk prior to the commencement of any work, naming the Town as additional insured.

2. Indemnification. The Owner shall indemnify, defend and save harmless the Town of Andover, its officers, and employees from and against all suits, actions, claims, demands, damages, losses, expenses, and costs of every kind and description relating to or arising from the operation, construction, or existence of the scaffolding and any work related thereto or related to construction activities at 27 Main Street, under this Agreement.

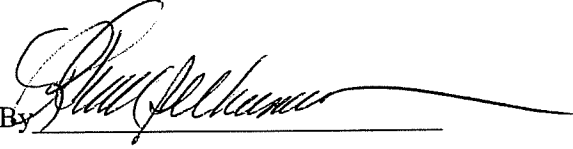
3. Insurance. The Owner shall carry or require that there be carried Workers' Compensation Insurance for all employees and those of its contractors and/or subcontractors engaged in work at 27 Main Street, in accordance with the State Workers' Compensation Laws. The Owner shall furnish a certificate of insurance to the Town evidencing coverage of Workers' Compensation Insurance. In addition, the Owner shall carry Comprehensive General Liability and Property Damages Liability Insurance, with limits hereinafter set forth to cover the Owner and its contractors and subcontractors against claims which may occur or result from operations under this Agreement. Such insurance shall cover the use of all equipment related to the scaffolding. The Comprehensive General Liability Policy, shall insure against all claims and demands for bodily injury and property damage with limits of \$2,000,000 per occurrence and \$2,000,000 in the aggregate. The Town shall be named as an "additional insured" in all policies for such insurance with specific reference as to coverage related to this License Agreement. All such policies shall provide a waiver of subrogation in favor of the Town. The Owner (and their heirs, successors and assigns in interest) shall hold harmless, defend and indemnify the Town of Andover and its employees and agents from any responsibility, liability and claims arising out of or related to the operations under this agreement. The Owner shall furnish a certificate of insurance to the Town prior to commencing any work authorized under this Agreement. Where such insurance is renewed or replaced the Owner shall furnish the Town with a certificate of insurance evidencing same.

4. Maintenance. The Owner shall maintain the Property and the scaffolding utilized by the Owner and its Contractors in a clean and orderly condition. The Owner assumes responsibility for the removal of any debris generated by the construction, operation, or existence of the scaffolding.

5. Term. The License granted herein shall begin after it is approved by the Board of Selectmen and upon execution of this Agreement and payment of the License Fee and shall expire on 4 MONTHS FROM APPROVAL immediately following, unless sooner revoked. Notwithstanding the foregoing sentence this License is revocable at the will of the Andover Board of Selectmen at any time at the total discretion of said Selectmen. At the expiration or revocation of this License, the Licensee shall promptly remove the scaffolding and all related items, and return the area to condition at least as good as prior to the issuance of this License.

6. Revocation. The parties covenant and agree that this License is not an interest in land and is revocable at will by the Andover Board of Selectmen for any reason whatsoever upon written notice to the Licensee from the Town. The License will terminate upon Licensee's receipt of said written notice described therein. Licensee acknowledges, covenants and agrees that this License is revocable at will by the Town and the Licensee further acknowledges, covenants and stipulates that in the event of such revocation, the Licensee shall have no recourse or claim against the Town for such revocation whether by way of monetary charges, a suit in equity, or otherwise.

**WITNESS**, the execution hereof in counterparts under seal as of the date and year first above written.

By  \_\_\_\_\_

Owner

By \_\_\_\_\_

Chairman, Board of Selectmen

Date: 12-13-18

CERTIFICATION OF GOOD FAITH

The undersigned certifies under the pains and penalties of perjury that this contract has been obtained in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

\_\_\_\_\_

CERTIFICATE OF STATE TAX COMPLIANCE

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, \_\_\_\_\_, whose principal place of business is at \_\_\_\_\_, does hereby certify under the pains and penalties of perjury that he has paid all Massachusetts taxes and has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

\_\_\_\_\_

Federal Identification No. of \_\_\_\_\_ : \_\_\_\_\_  
Licensee Number



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/30/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Borawski Insurance 88 King Street, Suite B  Northampton MA 01060-3257	<b>CONTACT NAME:</b> Irene Balise <b>PHONE (A/C, No, Ext):</b> (413) 586-5011 <b>E-MAIL ADDRESS:</b> ibalise@borawskiinsurance.com	<b>FAX (A/C, No):</b> (413) 586-7973	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  Channel Building Co Inc 355 Middlesex Avenue  Wilmington MA 01887-2163	<b>INSURER A:</b> Travelers Indemnity		25658
	<b>INSURER B:</b> Travelers Indemnity Co.		25674
	<b>INSURER C:</b> Travelers Property Casualty Co. of America		25682
	<b>INSURER D:</b> Travelers Indemnity Co of CT		
	<b>INSURER E:</b> <b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** CL18101204546                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			DTCO3G423333	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						LOSS of Electronic Data \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b>			BA3G422649	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP7J140432	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			UB5G890373	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: Draper Redevelopment, 27-45 Main Street, Andover MA

### CERTIFICATE HOLDER

### CANCELLATION

Town of Andover  
36 Bartlett Street

Andover

MA 01810

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Town of Andover  
Board of Selectmen Policy**



**Town Manager Performance Review Instrument**

Effective Date	<b>September 12, 2016</b>
Revisions	
Approval Date	<b>September 12, 2016</b>

**POLICY AND PURPOSE**

The purpose of this review instrument is to formally appraise the Town Manager's performance on an annual basis. The document allows the Board of Selectmen to assess the Town Manager's performance in management practices and in the accomplishment of goals. Through the review procedure, Board members will recognize strengths, offer positive feedback, and suggest any areas that require corrective action.

Individual performance review forms will be prepared by members of the Board of Selectmen. Members of the Board will send their completed individual performance review forms to the Director of Human Resources who will prepare an overview document, compiling the scores and comments of individual board members.

**PROCEDURE**

1. The period of review is March 2018 through December 2018 .
2. The Town Manager will submit a narrative self-evaluation; a copy of the narrative and a blank review form will be distributed to each Board member at that time.
3. Board members will submit reviews by a date set by the Chair. The Chair, in cooperation with the Human Resources Director, will compile scores from individual reviews and develop a consensus overview document.
4. Board members may meet individually with the Town Manager to discuss aspects of the performance review document.
5. The Chair will provide the other Board members and the Town Manager with the consensus review overview document prior to the meeting at which the document will be publicly discussed.
6. The overview document will be finalized for placement in the Town Manager's file at a regular meeting of the Board of Selectmen.



<b>2. Professionalism</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. Is fully knowledgeable and committed to the field of local government management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Seeks to enhance skills and abilities through educational opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Actively participates in professional municipal management organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Encourages staff training and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

<b>3. Public Relations/Communications</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. Projects a positive image in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is reasonably open and available to the public and responsive to citizen complaints or requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicates effectively to the media.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Keeps the citizenry informed of current issues in Town government.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

<b>4. Board Support/ Relations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. Offers professional advice to the board, including appropriate alternatives and recommendations, based upon thorough study and analysis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Implements policy matters and other directives adopted by the Board of Selectmen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Keeps Board members informed of issues and activities in Town government and in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Listens and understands Selectmen concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintains a professional working relationship with the Board, promoting a climate of mutual respect and trust .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

<b>5. Community Leadership</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. Provides leadership within the community by being visible and approachable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supports and recognizes the efforts of volunteer citizens and groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Maintains effective communications with other communities, state agencies, and municipal organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Maintains effective communications with state and federal elected representatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						



f. Develops and maintains a long-term financial plan for the Town.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

<b>8. Planning and Organization</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
a. Creates and facilitates an environment for long-range and strategic planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequately prepares Board for Town Meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Establishes appropriate goals and objectives for performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						



**Town Manager Performance Review Form  
Acknowledgement of Receipt**

This is to acknowledge the fact that the performance review was conducted by the Board of Selectmen in accordance with the procedures and that the Town Manager has received the overview document with the compilation of scores.

BOARD OF SELECTMEN

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Date: \_\_\_\_\_

TOWN MANAGER

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Date: \_\_\_\_\_

## NAMING NEW FACILITIES

Naming a Town facility is an important matter that deserves thoughtful attention. Personal prejudice or favoritism, political pressure, or temporary popularity should not be an influence in choosing a name for a building, a portion of a building, or any portion of public grounds. Whenever possible, the wishes of the community should be considered in naming town facilities.

The Board of Selectmen has the authority to approve the naming and renaming of buildings, structures, and facilities located on Town property. The Board of Selectmen also has the authority to name subsections of existing structures or facilities, such as individual rooms or gathering spaces.

Names and/or wording associated with Town facilities shall be consistent with Town Bylaws and Board of Selectmen policies and promote values aligned with the Town of Andover's Mission and Values Statement. To the extent possible, names and/or wording should be designed not to restrict the use of a space or inhibit changing the function of the space should that become necessary in the future.

When the opportunity to name or dedicate a new town building or related property, structure or facility is forthcoming, an orderly procedure will be communicated at the next available Board of Selectman meeting. The Board's agendas should clearly reflect the intent to consider, review, and vote on naming opportunities.

Submission of a name for a Town space may be made by any resident, by a member of the Board of Selectmen, or by the Town Manager, in writing, and should be made to the Chair of the Board of Selectmen.

The written request should specify the intent of the requestor and the reasons why this particular name would fit the facility. It should offer appropriate background information on the person, organization, or geographic area after which the facility will be named. An offer of a financial contribution that will benefit the Town may accompany the naming request, but the Board of Selectmen is not obligated to accept or reject a name based upon financial considerations. The Board of Selectmen may acknowledge generous donors by designating appropriate spaces within Town facilities consistent with the level of financial commitment.

Following the submission of a naming request, the Chair of the Board of Selectmen will specify a consideration period that allows for public comment, following which the Board will deliberate and vote on the name.

# Town of Andover New Hire Form

(To be used for a new employee, current employee in new position, but not for reclassification)

Date: 11-28-18

Employee Number\*: \_\_\_\_\_  
(\*leave blank for new employee)

Last 4 Digits of Social Security No.: 1775

Last Name: Veznaiian First Name: Kenneth Middle Initial: C.

Job Class Code: 5992 Job Title: Pollworker

Department: Town Clerk Account charged (org/obj): 011611-5135

Full/ Part Time: Part Date of Hire: 10/31/18

No. of Hours per week: occasional Part Time (work Days): 1 Eligible for Benefits: Yes or  No

Employee Address:  
Street, Apt. Number: 6 Elysian Dr.

City: Andover State: MA Zip Code: 01810

Grade/Step: — Hourly Rate: 9.25  
(grade/step/long for current employee)

Weekly Rate: (Full time only): — Annual Rate: —

Previous Incumbent: — Incumbent's Grade/Step/Long: —

Travel Allowance: 0 /month Stipend: 0 Town Vehicle Supplied: Yes or  No

Risk Code: 8811 Exempt or  Non-Exempt Permanent /Temporary: Permanent

Pre-Placement Physical Required: Yes or  No CDL Testing Required: Yes or  No

ATTACH ALL OF THE FOLLOWING:  
Job Description: \_\_\_\_\_ Original Application:  Resume: \_\_\_\_\_ Affirmative Action Report: \_\_\_\_\_

Remarks (optional): Current SCRIPT worker in Clerk's Office. Will be testing voter machine's 1-2 times per year.

### APPROVALS

Austin Smith  
DEPARTMENT HEAD

11-29-18  
DATE

[Signature]  
HUMAN RESOURCES

11/30/18  
DATE

[Signature]  
FINANCE DIRECTOR

12/3/2018  
DATE

[Signature]  
TOWN MANAGER

DATE

Selectmen's Approval Date: \_\_\_\_\_

HRBS: \_\_\_\_\_