

**Town of Auburn
Board of Selectmen
Town Hall
January 25, 2021
7:00 P.M.**

Remote access also available

Dial In: 1-712-770-5323 Access Code: 639411

() Call to Order – Pledge of Allegiance

- Approval of Accounts Payable Manifest for the week of January 18, 2021 - \$9,666.00
- Approval of Accounts Payable Manifest for the week of January 25, 2021
- Approval of Payroll Manifest for the week of January 18, 2021 - \$50,399.95
- Approval of Consent Agenda for the week of January 25, 2021

() Appointments with the Board

- Fire Chief Monthly Report – Chief Mike Williams

() Town Response to Covid-19 and State Emergency Declaration

- General Update on Town Issues

() New Business

- Finance Assistant Position
- HVAC Repairs at Safety Complex – Chief Pelton
- Deliberative Session Review
- Gardner Road Update
- Requested update to Town Application for Employment
- Request to Encumber funds for Library Study Line

() Old Business

- Street Light Repairs
- Repair of Fire Ladder Truck
- Safety Complex insulation

() Reports/ Comments of Ex-officio Board Representatives

- Budget, Highway Safety, Parks & Rec, Planning Board

() Other Business

() Next Meetings / Events

- Saturday January 30, 2021 Deliberative Session – 9 A.M.
- Monday February 8, 2021 Board of Selectmen’s Meeting – 7 P.M.

- Monday February 22, 2021 Board of Selectmen's Meeting – 7 P.M.
- Tuesday March 9, 2021 Town Election – 7 A.M. – 7 P.M.

() **Minutes**

- January 11, 2021 – Public Meeting
- January 11, 2021 – Non-Public Meeting

() **Non-Public Session pursuant to RSA 91-A:3, II (a & c)**

Compensation of a public employee(s) and Reputation of someone other than a member of the board.

MEETING PREAMBLE DURING COVID-19 EMERGENCY

Good Evening, as Chairman of the Board of Selectmen, I am declaring that an emergency exists and I am invoking the provisions of RSA 91-A:2, III (b). Federal, state, and local officials have determined that gatherings of 10 or more people pose a substantial risk to our community in its continuing efforts to combat the spread of COVID-19. In concurring with their determination, I also find that this meeting is imperative to the continued operation of City government and services, which are vital to public safety and confidence during this emergency.

Governor Sununu issued Emergency Order #12 on March 23rd which provides local government boards the ability to conduct business using technology to hold remote meetings and not provide a public place of meeting but provide for the public's ability to listen to the meeting. As such, this meeting will be conducted with the Board present in one place and the public having the ability to telephonically listen to the meeting.

At this time, I also welcome members of the public accessing this meeting remotely. Even though this meeting is being conducted in a unique manner under unusual circumstances, the usual rules of conduct and decorum apply. Any person found to be disrupting this meeting will be asked to cease the disruption. Should the disruptive behavior continue thereafter, that person will be removed from this meeting.

Let's start the meeting by taking a Roll Call attendance for the benefit of the public who may be listening in to this meeting.

To: Board of Selectmen

From: Adele Frisella, Finance Director

Date: January 20, 2021

Re: Consent Agenda – Week of January 25, 2021

Void Check & Void Invoice:

- ❖ Void One Check and One Invoice Totaling \$116.00

Application for Current Use:

- ❖ 223 Spofford Road M4L12 91Acres

Current Use Warrant:

- ❖ 72 Haven Drive/Maverick Homes
M5L29-14 in the amount of \$12,500

Pistol / Revolver Licenses:

- ❖ Nine (9) Pistol / Revolver Licenses

20 Priscilla Lane Auburn, NH 03032 gsmith@aaaenergy.com

REPAIR ESTIMATE

PO #

Attn: Lil Deeb
 Customer: Town of Auburn Safety Complex
 Location: 55 Eaton Hill Rd. Auburn N.H.
 Email:
 Re.:

From: Gary Smith
 Title: SERVICE MANAGER
 Date: 1/20/2021
 Quote #:
 CC:

Description of Work: This was found on P.M. : Grenada unit #4, the A/C condensate line has not been securely glued and gets in the way of replacing filters. Day of P.M. trap was found apart. Line needs to be replaced from drain pan to condensate pump. Both boilers need unions and blk iron nipples (wrotted) and condensate line needs to be hung better. Unit #1 ADP BAB8242D4WMOR30280 6000L21737 : The blower motor shaft has significant movement perpendicular to the housing of the motor. Motor should be replaced before it fails.
 Also customer should have attic looked at as there are many areas where energy is being inefficiently lost.

Quantity	Description	Price Each	Price
1	ADP blower motor	\$ 347.50	\$ 347.50
1	capacitor	\$ 11.66	\$ 11.66
1	ADP housing and wheel assy.	\$ 193.20	\$ 193.20
1	ADP fan relay	\$ 39.80	\$ 39.80
1	condensate piping, boiler piping, and hangers	\$ 263.93	\$ 263.93

Other Charges	Price	Material Total	Price
freight	\$ 60.00	If applicable Tax	
		Refrigerant Handling	
		16 Hrs Labor	\$ 1,792.00
		Hrs Overtime Labor	\$ -
		2 Trip Charge	\$ 20.00
		Other Charges	\$ 60.00
Total	\$ 60.00	TOTAL:	\$ 2,728.09

EXCLUDED ITEMS:

NOTES: 1) This is a Labor NOT TO EXCEED quote !

WE GUARANTEE PARTS PRICING ON THIS ESTIMATE FOR 30 DAYS FROM THE DATE ABOVE

Customer's Acceptance _____ **Date** _____

Payment Terms: Net 30 days

OLD

TOWN OF AUBURN, NH

PLEASE TYPE OR PRINT THIS APPLICATION

If you require special accommodations in order to apply for this position please notify the Selectmen's Office prior to the deadline for submitting applications.

PERSONAL

Date:

Position applied for:

Dept:

Availability: Full-time [] Part-time [] Seasonal []

Full Name:

Social Security #:

Address:

Home Phone: ()

Street:

City

Work Phone: ()

State

Zip

Have you ever been employed with us before: NO [], YES [], if yes provide details:

Title of last position held:

Termination Date:

Reasons for leaving:

List any relatives currently working for the Town of Auburn below:

NAME

DEPARTMENT

RELATIONSHIP

If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES [] NO []

Are you a citizen of the United States?

YES [] NO []

If no, can you provide proof that you are eligible to work in the United States in accordance with the Immigration Reform and Control Act:

YES [] NO []

EDUCATION

Did you receive a high school diploma or GED?

YES [] NO []

Circle highest grade completed 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6

	School (name, city, state)	Dates	Degree	Major/ Minor
High School		From: To:		
Undergraduate College/University		From: To:	Yes [] No []	
Graduate College/University		From: To:	Yes [] No []	
Other Education ie:technical, business		From: To:	Yes [] No []	

EMPLOYMENT HISTORY

(List most recent employer first. Please account for any gaps in employment record).

Company:

Your title:

Street Address:

Employed From:

City, State, Zip:

Employed To:

May we contact your present employer?

Yes []

No []

Salary or Rate of Pay:

Starting: _____ Per: _____

Ending: _____ Per: _____

Responsibilities:

Supervisor's name:

Phone No.:

Reasons for leaving:

Company:

Your title:

Street Address:

Employed From:

City, State, Zip:

Employed To:

Salary or Rate of Pay: Starting:

Ending:

Responsibilities:

Supervisor's name:

Phone No.:

Reasons for leaving:

Company:

Your title:

Street Address:

Employed From:

City, State, Zip:

Employed To:

Salary or Rate of Pay: Starting:

Ending:

Responsibilities:

Supervisor's name:

Phone No.:

Reasons for leaving:

Company:

Your title:

Street Address:

Employed From:

City, State, Zip:

Employed To:

Salary or Rate of Pay: Starting:

Ending:

Responsibilities:

Supervisor's name:

Phone No.:

Reasons for leaving:

If needed, please attach additional sheets to include additional employment history.

MILITARY

Have you ever served in the U.S. Armed Forces? Yes No

If yes, what branch?

Type of Discharge:

Rank at discharge:

Describe any training received which would be relevant to the position for which you are applying:

SPECIFIC SKILLS

List technical/professional licenses or certificates you hold:

List office machines, heavy equipment, vehicles and other machinery you can operate:

Indicate any specialized training you have received:

Driving History (if necessary to position applied for)

List ALL presently unexpired motor vehicle operator's licenses you hold:

License # Issuing State: Expires: / / Type:

License # Issuing State: Expires: / / Type:

Date of Birth: / / (Necessary to conduct motor vehicle records check).

Provide complete motor vehicle accident record for past 7 years:

Dates	Nature of Accident (Head-on, Rear-end , etc)
Last Accident:	
Next Previous:	
Next Previous:	

Indicate ALL traffic convictions during the past 7 years (other than parking violations) and dates of ALL license suspensions or forfeitures during the past 7 years:

Location	Date	Description

CRIMINAL HISTORY

Have you ever been convicted of any violation of the law or uniform code of military justice other than minor traffic violations? No Yes

If yes, explain fully (Conviction will not automatically disqualify you from employment).

If needed, please attach additional sheets.

REFERENCES

List three (3) personal references who are not former employers or related to you:

Name & Occupation	Address	Phone	Relationship

MISCELLANEOUS ADDITIONAL INFORMATION

Have you ever applied for a position with us before? Yes [] No []

If Yes, give date and the position:

Use this space for any further information you think would help us evaluate your application:

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING THE FOLLOWING:

I **AUTHORIZE** the Town of Auburn to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, and disciplinary, arrest and conviction records (both juvenile and adult). I further authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and other documents supplied by me) to provide the Town of Auburn with any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Auburn's use only.

I **RELEASE** any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time, happen to me as a result of compliance, or any attempt to comply with this authorization.

 Applicant's Signature

 Date

 Selectman, Chairman

 Selectman

 Selectman

NEW

TOWN OF AUBURN, NEW HAMPSHIRE

Application for Employment

Employees of the Town and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, disability or any other basis protected by law.



Date: _____ Email Address: _____

PERSONAL

Position applied for: _____ Department: _____

Availability: Full-time Part-time Seasonal

Full Name: _____ Cell Phone: () -

Street Address: _____ Home Phone: () -

City: _____ State: _____ Zip: _____

Have you ever been employed with us before? _____

Title of Position held: _____ Termination Date: _____

Reasons for leaving: _____

List any of your relatives who currently work for the Town of Salem

Name	Department	Relationship

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you legally authorized to work in the United States Yes No

EDUCATION

Did you receive a high school diploma or GED? Yes No

X mark highest grade completed College: 1 2 3 4 5 6

	School (name, city, state)	Graduate?	Degree	Major/Minor
High School				
Undergraduate College/University				
Graduate/Professional College/University				
Other Education: ie: Technical, Business				

EMPLOYMENT HISTORY

(List most recent employer first. Please account for any gaps in employment record)

Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:	
Supervisor's name:	Phone No: () -
Reason for leaving:	

Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:	
Supervisor's name:	Phone No: () -
Reason for leaving:	

Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:	
Supervisor's name:	Phone No: () -
Reason for leaving:	

Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:	
Supervisor's name:	Phone No: () -
Reason for leaving:	

MILITARY	
Have you ever served in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what branch?	
Training/MOS:	
Describe any training received which would be relevant to the position for which you are applying:	

SPECIFIC SKILLS	
List technical / professional licenses or certifications you hold:	
List office machines, heavy equipment, vehicles and other machinery you can operate:	
Indicate any specialized training you have received:	

DRIVING HISTORY (Use additional sheets as necessary)		
List ALL presently unexpired motor vehicle operator's licenses you hold:		
License #:	Issuing State:	Expires: / / Type:
License #:	Issuing State:	Expires: / / Type:
Provide complete motor vehicle accident record for past 3 years		
Dates	Nature of Accident (Head-on, Rear-end, etc.)	
Last Accident:		
Next previous:		
Next Previous:		
Indicate ALL traffic convictions during the past 7 years(other than parking violations):		
Location	Date	Description
Indicate dates of ALL license suspensions or forfeitures during the past 7 years		
Date	Type (Circle one)	

CRIMINAL HISTORY	
Have you ever been convicted of a crime that has not been annulled by a court?	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, explain fully (Conviction will not automatically disqualify you from employment).	
When:	
Where:	
Case Disposition:	

REFERENCES			
List three (3) PROFESSIONAL references:			
Name & Occupation	Address	Phone	Relationship

MISCELLANEOUS ADDITIONAL INFORMATION
Have you ever applied for a position with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, give date and the position:
How did you hear about this position?
Use this space for any further information you think would help us evaluate your application

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY that all entries on this application for employment and attachments are true and complete, and I agree and understand that any falsification of information herein, material half-truths, material misstatements or omissions regardless of their time of discovery may cause forfeiture on my part of any employment with the Town of Auburn. I understand that, in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire. I understand that all information on this application is subject to verification and I consent to references, former employers and educational institutions listed being contacted regarding this application. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Town to hire me. If I am hired, I understand that either the Town or I can terminate my employment at any time and for any reason with or without cause and without prior notice. I understand that no representative of the Town has the authority to make any assurance to the contrary.

I AUTHORIZE the Town of Auburn to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, credit, disciplinary, conviction records (both juvenile and adult) and driving. Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and other documents supplied by me, if any) to provide the Town of Auburn any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Salem's use only.

I RELEASE any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may, at any time happen to me as a result of compliance, or any attempts to comply with this authorization.

 (Applicant's Signature) _____
(Date)

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Agreement and Certification.

Expenditure Report - Current Year Only

TOWN OF AUBURN
As Of: December, GL Year 2020

Account Number	Net Budget	MTD Exp	YTD Exp	Encumbered	Remaining	%Used
General Fund						
01-4901-9-910-0	28,850.00	2,030.00	6,902.00	0.00	21,948.00	23.924
Library Land & Bldg Review						
Totals General Fund	28,850.00	2,030.00	6,902.00	0.00	21,948.00	23.924
Grand Total	28,850.00	2,030.00	6,902.00	0.00	21,948.00	23.924

ONLY REQUESTING \$10,000 TO BE ENCUMBERED



Affinity Service Team
 Phone: 978-378-5338, ext.3
 service@affinityled.com

Street Lighting Service Request Form

Please email this completed form and any supporting documents (clearly labeled) to service@affinityled.com.

CUSTOMER INFO			
Date of Request: <i>12/29/2020</i>			
Name: <i>TOWN OF Auburn NH</i>		Contact Name: <i>Patty Rousseau</i>	
Email: <i>P.rousseau@townofaurnnh.com</i>		Phone: <i>603-483-5052 ext 100</i>	
Address: <i>47 Chester Rd. Auburn NH 03037</i>			
Have you contacted the utilities yet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
if you selected "yes," please select the utility type: <input type="checkbox"/> Eversource <input type="checkbox"/> Unitil <input type="checkbox"/> Central Maine Power <input type="checkbox"/> Other			
*If you selected "other," please specify the utility:			

PRODUCT INFO				
Pole# & Location	Product Description	Qty	Photocell/ Smart Nodes	Nature of Issue
<i>5/20 Rattlesnake Hill Rd.</i>	<i>Public Street lighting</i>	<i>1</i>		<i>new LED installed, light is not working</i>
<i>1/16 Chester Rd.</i>	<i>Public street lighting</i>	<i>1</i>		<i>new LED installed, light is not working</i>

Town of Auburn NH
 Customer Name

December 29, 2020
 Date

FOR SERVICE ADMINISTRATORS ONLY			
Case #:		Date of Purchase:	
Date of Warranty Expiration for Equipment : <i>(refer to warranty statement)</i>		Equipment Within Warranty Period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Warranty Expiration for Labor : <i>(refer to warranty statement)</i>		Labor Within Warranty Period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the customer have safety stocks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the customer need new lights? <input type="checkbox"/> Yes <input type="checkbox"/> No	

 Administrator Name

 Date

HLF Industries, LLC

210 FREMONT RD
SANDOWN, NH 03873

Phone # 6033032425 jfarrell@hlfindustries.net

Invoice

Date	Invoice #
1/8/2021	470

Bill To
AUBURN FIRE DEPT MIKE WILLIAMS 55 Eaton Hill Rd Auburn, NH 03032

P.O. No.	Terms	Project
	Net 15	

Description	Hours/Quantity	Rate	Amount
12/14/20 LADDER 1 (1330-1730) L1 hydraulic generator not working. Hydraulic motor not operating when commanded. Run diagnostics and test. Control board not commanding valve at pump to open.	4	105.00	420.00
12/16/20 LADDER 1 (1000-1600) L1 install control board for hydraulic generator inside genset on top of ladder truck. Test run generator. Generator only putting out 40-50hz/ voltage between 140-150V AC. Modulating coil on variable flow valve is bad.	4	105.00	420.00
CONTROL BOARD FOR HYDRAULIC GENERATOR	1	2,162.72	2,162.72
12/24/20 LADDER 1 (1200-1400) 43187M/3154H Install new modulating coil on variable flow valve. Test run gen set. Genset running at 60hz/ 215V-GOOD.	2	105.00	210.00
MODULATING COIL	1	157.60	157.60
12/29/20 (1700-1900) L1-smoking door latch sensor- 5 wire ROM. Investigate, pull door track, and cut hot lead, re install track.	2	105.00	210.00
1/7/21 THURSDAY (0730-1530) L1 43494M/3175H- Remove and replace door latch sensor. O1 compartment-remove Hurst hydraulic power pack, hose reels, all equipment, shelves. Pull inside front panel, pull forward door track, remove sensor, install new sensor, splice 4 pin Deutsch connector, test sensor, put it back together, test hydraulic power pack, test hose reel rewind motors, put all equipment back into place. Remove and replace ONSPOT chain wheels, new weather hats on top of chain wheels, check alignment and operation-return to service.	8	105.00	840.00
ROM 5 WIRE DOOR LATCH SENSOR	1	158.23	158.23
4 PIN DEUTSCH CONNECTOR-FEMALE	1	8.00	8.00
ONSPOT 0925AR-9 190MM CHAINWHEEL COMPLETE RIGHT	1	280.00	280.00
ONSPOT 0925AL-9 190MM CHAINWHEEL COMPLETE LEFT	1	280.00	280.00
ONSPOT 0926A 190MM CHAINWHEEL HELMET	2	27.88	55.76
Total			\$5,202.31