



# CITY OF CORPUS CHRISTI TRAINING AGREEMENT & CONTRACT

## CDL TRAINING PROGRAM

City Employees entering this training program must read, understand, and agree to the following requirements. Your signature at the bottom of this form (hereinafter, the "Agreement") attests that you understand and agree to these requirements. **Please initial each line item and sign the bottom of this form.**

1. \_\_\_\_\_ I understand and agree that I must obtain my Class A or B CDL permits (including all required testing for these permits) within two weeks of the date of this Agreement or my employment will be terminated; or, if I am a current employee, I understand that I will be required to reimburse the City the cost of training.
2. \_\_\_\_\_ I understand and agree that I must obtain my Class A or B CDL within ninety (90) days of this Agreement or show proof from the Texas Department of Public Safety of a scheduled test date and time. If at the end of the ninety (90) day period I have not obtained my Class A or B CDL, or cannot provide proof a scheduled driving test appointment, I understand that my employment with the City of Corpus Christi will be terminated; or, if I am a current employee, I understand that I will be required to reimburse the City the cost of training.
3. \_\_\_\_\_ I understand that once I obtain my Class A or B CDL, I must remain in an employment position with the City of Corpus Christi, which requires a CDL license, for 24 months from the date of obtaining my Class A or B CDL license. I further understand that if I voluntarily terminate my employment with, or am terminated for cause by, the City of Corpus Christi within this 24-month period, I will be required to reimburse the City the cost of training.
4. \_\_\_\_\_ I understand and agree that I will **not** be eligible to apply for non-CDL positions with the City of Corpus Christi until I have satisfied all terms and conditions of this Agreement.
5. \_\_\_\_\_ I understand and agree that if I accept a new position with any other department within the City of Corpus Christi, other than within the department that paid for my training, I must notify the new hiring department that they are responsible to pay the prorated cost of my CDL training license.
6. \_\_\_\_\_ I understand and agree that if I fail to fulfill any of the obligations set out in this Agreement, I authorize the City to deduct the prorated cost of my training from my paycheck to the full extent allowed by law. If the funds deducted are insufficient to cover the costs, I agree to provide cash or money order for the prorated balance of the total amount, up to a maximum amount of **\$4,000** for CDL A license and **\$1,560** for CDL B license.
7. \_\_\_\_\_ I understand and agree that no provision in this Agreement is intended to alter the at-will nature of my employment with the City of Corpus Christi.

**Please fill in the information and sign below in acknowledgment of this agreement and contract:**

MANAGER INFORMATION: PERSON APPROVING THE TRAINING	
FIRST NAME:	
LAST NAME:	
JOB TITLE:	
DEPARTMENT:	
EMAIL:	
PHONE:	
TYPE OF TRAINING	<input type="checkbox"/> CDL A    or <input type="checkbox"/> CDL B
BILLING CODES:	

EMPLOYEE INFORMATION: PERSON ATTENDING THE TRAINING	
FIRST NAME:	
LAST NAME:	
ID NUMBER:	
JOB TITLE:	
EMAIL:	
PHONE:	
SIGNATURE:	
DATE:	

IF YOU HAVE ANY QUESTIONS ABOUT THIS AGREEMENT, PLEASE CONTACT US [learninginstitute@cctexas.com](mailto:learninginstitute@cctexas.com), 361.826.3300

----- THIS AREA BELOW IS FOR USE BY HUMAN RESOURCES STAFF ONLY -----			
TRAINING START DATE:		CDL LICENSE DATE:	
			24 MONTHS / 2 YEARS CONTRACT END DATE: