

FY23 City of Corpus Christi CDL Program

Commercial Driver's License Training Program

ABOUT:

The City of Corpus Christi CDL training is a program designed to prepare participants to pass the Texas written and driving tests required to obtain a CDL license. Participants are required to sign a training agreement to remain in a position with the City requiring a CDL license for at least 24 months or reimburse the cost of the training program. Students are allowed up to 3 chances to pass their written and skills test at DPS. Failing to do so will result in starting test process over and paying additional fees that student will be responsible for. Training and testing is performed using Del Mar College equipment.

Pricing is Effective September 1, 2022 - August 31, 2023

CDL CLASS A TRAINING PROGRAM:

- 200 Hour course:
 - o 60 hours classroom, 70 hours backing, 70 hours driving
 - 2 Week Pre-Req 7:00am to 4:30pm Monday Thursday. 7:00am 12:00pm Friday
 - 3 Week Skills 7am to 5:30pm Monday-Saturday
- Cost: \$4,500.00 per student

CDL CLASS B TRAINING PROGRAM:

- 80 Hour course:
 - 30 hours classroom, 50 hours driving
 - 2 Week Pre-Req 7:00am to 4:30pm Monday Thursday. 7:00am 12:00pm Friday
 - 1 Week Skills 7am to 5:30pm Monday Friday
- Cost: \$2,000.00 per student

DPS FEES:

These fees are subject to change by DPS:

- \$25.00 CDL Learners Permit (not included in tuition)
- \$96.00 CDL License (is included in tuition)

FOR MORE INFORMATION:

The City of Corpus Christi Human Resources-Organizational Development learninginstitute@cctexas.com, 361.826.3300 http://learningcc.org/cdl



TRAINING START

DATE:

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.

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 understat that my employment with the City of Corpus Christi will be terminated; or, if I am a current employee, I understand that 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 unti 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 maximum amount of \$4,500 for CDL A license and \$2,000 for CDL B license. 7 I understand and agree that no provision in this Agreement is intended to alter the at-will n		ass A or B CDL permits (including all required testing for these nt or my employment will be terminated; or, if I am a current ourse the City the cost of training.
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 unti 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 the maximum amount of \$4,500 for CDL A license and \$2,000 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 employme with the City of Corpus Christi. 8. Please fill in the information and sign below in acknowledgment of this agreement and contract: 8. EMPLOYEE INFORMATION: PERSON ATTENDING THE TRAINING FIRST NAME: LAST NAME:	proof from the Texas Department of Public Safety of a speriod I have not obtained my Class A or B CDL, or cannot that my employment with the City of Corpus Christi wil	scheduled test date and time. If at the end of the ninety (90) day not provide proof a scheduled driving test appointment, I understand I be terminated; or, if I am a current employee, I understand that 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 maximum amount of \$4,500 for CDL A license and \$2,000 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 employme with the City of Corpus Christi. Please fill in the information and sign below in acknowledgment of this agreement and contract: SUPERVISOR INFORMATION: PERSON APPROVING THE TRAINING FIRST NAME: LAST NAME: LAST NAME: LAST NAME: LAST NAME: DEPARTMENT: EMAIL: PHONE: TYPE OF TRAINING	Christi, which requires a CDL license, for 24 months from understand that if I voluntarily terminate my employments	m the date of obtaining my Class A or B CDL license. I further ent with, or am terminated for cause by, 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 maximum amount of \$4,500 for CDL A license and \$2,000 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 employme with the City of Corpus Christi. Please fill in the information and sign below in acknowledgment of this agreement and contract: SUPERVISOR INFORMATION: PERSON APPROVING THE TRAINING FIRST NAME: LAST NAME: LAST NAME: LAST NAME: LAST NAME: DEPARTMENT: DEPARTMENT: EMAIL: PHONE: TYPE OF TRAINING		
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 maximum amount of \$4,500 for CDL A license and \$2,000 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 employme with the City of Corpus Christi. **Please fill in the information and sign below in acknowledgment of this agreement and contract:* **SUPERVISOR INFORMATION: PERSON APPROVING THE TRAINING** FIRST NAME: LAST NAME: JOB TITLE: DEPARTMENT: DEPARTMENT: DEPARTMENT: EMAIL: PHONE: TYPE OF TRAINING	other than within the department that paid for my train	ning, I must notify the new hiring department that they are
With the City of Corpus Christi. Please fill in the information and sign below in acknowledgment of this agreement and contract: SUPERVISOR INFORMATION: PERSON APPROVING THE TRAINING FIRST NAME: LAST NAME: JOB TITLE: DEPARTMENT: EMAIL: PHONE: TYPE OF TRAINING CDL A or CDL B EMPLOYEE INFORMATION: PERSON ATTENDING THE TRAINING FIRST NAME: LAST NAME: LAST NAME: JOB TITLE: EMAIL: PHONE: SIGNATURE: SIGNATURE:	deduct the prorated cost of my training from my paych insufficient to cover the costs, I agree to provide cash o	eck to the full extent allowed by law. If the funds deducted are or money order for the prorated balance of the total amount, up to a
SUPERVISOR INFORMATION: PERSON APPROVING THE TRAINING FIRST NAME: LAST NAME: JOB TITLE: DEPARTMENT: EMAIL: PHONE: TYPE OF TRAINING CDL A or CDL B CDL A or CD	with the City of Corpus Christi.	
FIRST NAME: LAST NAME: JOB TITLE: DEPARTMENT: EMAIL: PHONE: TYPE OF TRAINING FIRST NAME: LAST NAME: PHONE: SIGNATURE: SIGNATURE:		
LAST NAME:		
JOB TITLE:		
EMAIL: EMAIL:		
EMAIL: EMAIL:	DEPARTMENT:	JOB TITLE:
TYPE OF TRAINING CDL A Or CDL B SIGNATURE:	EMAIL:	
TRAINING CDL A OF CDL B SIGNATURE:		PHONE:
DULING CODES		SIGNATURE:
BILLING CODES: DATE:	BILLING CODES:	DATE:

CDL LICENSE DATE:

24 MONTHS / 2 YEARS CONTRACT END DATE: