

Agreements:

Memorandum of Understanding:

**City of West Haven Fire Department Allingtown
Memorandum of Agreement**

I, _____, am currently a candidate for the position of

Firefighter/Paramedic in the City of West Haven Fire Department Allingtown (herein after "CWHFD").

As a part of the training and preparation for the responsibilities as a firefighter, the CWHFD provides uniforms and PPE, as well as extensive training at the Department's expense. I understand that the Department will be spending in excess of \$6,650.00 dollars for such training, uniforms and PPE, and that receipt of such training will significantly increase employment opportunities.

In exchange for the Department's funding of training and providing uniforms and PPE, and if hired;

I agree that I will not voluntarily leave my employment with the CWHFD during said training or for a period of five (5) years after my training has been completed. In the event that I do not fulfill this commitment to the Department, I will, within thirty (30) days of voluntarily leaving my employment with the CWHFD, to repay to the Department all funds that it has expended on my training as a firefighter as specified below:

1. Prior to completion of my training, 100% of the Department's expenditure;
2. During the first year after my training, 100% of the Department's expenditure;
3. During the second year after my training, 80% of the Department's expenditure;

4. During the third year after my training, 60% of the Department's expenditure;
5. During the fourth year after my training, 40% of the Department's expenditure;
6. During the fifth year after my training, 20% of the Department's expenditure;

I also agree that I will pay to the CWHFD any reasonable costs and/or attorney's fees incurred by the Department in collecting the above-referenced repayment.

I _____, have read and understand the foregoing and voluntarily agree to its terms., I have also been given the opportunity to discuss this document with counsel of my choice and have, in fact, been advised by the Department to do so.

I have read, understand and agree to the foregoing.

Signature of Applicant

Print Name

Subscribed to and sworn to before me at _____ on this the ____ day of _____.

Notary Public, Seal Required