**Restaurant Training Form Template**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Training Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Trainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **1. Training Overview**

* **Restaurant Policies & Safety: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Menu & Ingredient Knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Cash Handling & Payment Processing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Handling Complaints & Difficult Customers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **2. Training Completion Checklist**

| **Training Section** | **Completed (Yes/No)** | **Trainer Feedback** | **Employee Comments** |
| --- | --- | --- | --- |
| **Restaurant Policies** | **☐ Yes ☐ No** |  |  |
| **Safety Procedures** | **☐ Yes ☐ No** |  |  |
| **Customer Interaction** | **☐ Yes ☐ No** |  |  |
| **POS & Cash Register** | **☐ Yes ☐ No** |  |  |
| **Food Safety Standards** | **☐ Yes ☐ No** |  |  |
| **Kitchen & Equipment Handling** | **☐ Yes ☐ No** |  |  |
| **Serving & Table Etiquette** | **☐ Yes ☐ No** |  |  |
| **Emergency Handling** | **☐ Yes ☐ No** |  |  |

## **3. Acknowledgment & Approval**

**I acknowledge that I have successfully completed the required training.**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Trainer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**