

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	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Safety Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Customer Interaction	<input type="checkbox"/> Yes <input type="checkbox"/> No		
POS & Cash Register	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Safety Standards	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Kitchen & Equipment Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Serving & Table Etiquette	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Emergency Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No		
---------------------------	--	--	--

3. Acknowledgment & Approval

I acknowledge that I have successfully completed the required training.

Employee Signature: _____ **Date:** _____

Trainer Signature: _____