JOB DESCRIPTION: KITCHEN STAFF

Certification Required: Food Handlers, WHMIS

The CCRETO at the falls

RESPONSIBILITIES:

- Opening & closing of kitchen
- Execute preparing & cooking of all food items
- Comprehensive menu(s) knowledge
- Plate presentation: as directed by management
- Use of all kitchen equipment: Ovens, Fryers, Prepping Tools
- Prepping & portion control of all food products
- · Creating daily features
- Wearing food standards apparel
- Light daily cleaning
- Maintaining highest levels of food safe handling
- Cleaning of dishes & equipment, fridges, freezers & dry storage
- Removal of garbage & recycling
- Restocking & rotating of stock
- Receiving and inspection of deliveries (i.e., food, cleaning supplies)
- Answering of phone (When servers are busy at tables, you are required to answer the phone)
- Use of POS system for clocking in & out

CUSTOMER RELATIONS:

- Maintaining a clean work environment (open kitchen)
- Phone etiquette
- Full effort to accommodate any food allergies/dietary restrictions
- Showing respect & grace towards all customers
- Promoting positive relationships between the establishment & community

GENERAL:

- Preventative maintenance (i.e., salting & shoveling of snow, removal & cleaning of all floor tripping or slipping hazards)
- Direct involvement & communication with all levels of management
- Training of new staff members
- Continuous industry learning and practices (i.e., trade shows, field trips, certification requirements)
- Positive interaction with all other employees
- Team support & cross over roles
- Take PRIDE in the establishment and your work



JOB APPLICATION

| Date: | | | |
|-------|--|--|--|

| PERSONAL INFORMATION (Please Print Clearly) | | | | | | | | | |
|---|----------------------------------|-----------------------|----------------------------|---------------------|---------------------|---|-------|----------|--------|
| First Name: | | | Last Name: | | | | | | |
| Phone Number: | | | | D.O.B.(M/D/Y) | | | | | |
| Cell Nu | ımber: | | | | | | | | |
| Addres | ss: | | | | | | | | |
| 1 | | | | | | | | | |
| Email: | | гст | | | | | | | |
| | OYMENT INTR | | | | | | | | |
| | on applying fo er of Hours ex | | | | | | | | |
| | f pay expected | | | | | | | | |
| | ENT EMPLOYN | | | | | | | | |
| Are you currently Employed? | | | | | YES | | | NO | |
| Name of Company? | | | | | | | | | |
| | of Employm | | | | | | | | |
| | vailable to sta | | | | | | | | |
| | MPLOYMENT HISTORY | | | | | | | | |
| Company: | | Length of Employment: | | | Reason for Leaving: | | | | |
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| AVAILABILITY | | | | | | | | | |
| | Monday | Tuesday | | Wednesday | Thursday | F | riday | Saturday | Sunday |
| A.M. | | | | | | | | | |
| P.M. | | | | | | | | | |
| CERTI | FICATES & AV | VARDS | | | | | | | |
| Certificate(s), License(s), Award(s) | | | Date Received or Completed | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| HOW | DO YOU KN | OW THE L | OC | KER | | | | | |
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| | | | | | | | | | |

Please rate yourself on the following, Scale of 1-5

(1 being the lowest, 5 being the highest)

| | (I being the | lowest, 5 being | ile iligilest/ | | | |
|--|---------------------|-----------------|----------------|--------------|------------------|--|
| Team Player | 1 | 2 | 3 | 4 | 5 | |
| Independent Worker | 1 | 2 | 3 | 4 | 5 | |
| Ability to multi Task | 1 | 2 | 3 | 4 | 5 | |
| Time Management Skills | 1 | 2 | 3 | 4 | 5 | |
| Customer Service Skills | 1 | 2 | 3 | 4 | 5 | |
| Punctuality | 1 | 2 | 3 | 4 | 5 | |
| Problem Solving Skills | 1 | 2 | 3 | 4 | 5 | |
| REFERENCES | 2 Work 1 Perso | nal | | | | |
| Name | Phone Nun | nber Bu | siness | Relationship | Years Acquainted | |
| 1) | | | | | | |
| 2) | | | | | | |
| 3) | | | | | | |
| Are You Bondable? | YE | S | NO | | | |
| Do you have a valid drivers license? | | YE | S | NO | | |
| TELL US ABOUT YO | URSELF | | | | | |
| What is the craziest | thing you have ever | done? | | | | |
| What is something y | ou want us to know | about you? | | | | |
| What is your proudest moment in life so far? | | | | | | |
| PLEASE READ & SIC | | | | | | |
| By signing below I am | | | | | | |
| knowledge. I understa the purpose of this job | | | | | | |

From The Locker Management Team we would like to Thank You for your interest in our business. We will contact only those who are being considered for the position, to arrange an interview.

Please attach your resume with this application.

NOTE:

Applications can be emailed to the lockeratthe falls 2019@gmail.com OR dropped off to bartender or on duty manager Mon - Fri 2pm - 5pm.