

**Cornerstone Residence
Cook Position Description**

Position Title: Cook
Department: Food Service
Supervisor: *Assisted Living Director*

JOB SUMMARY:

This position is responsible for preparing and serving nutritious, healthy, and attractive daily meals to the residents and guests at Cornerstone Residence. The nutritional needs of the residents will be in accordance with the recommended dietary allowances based on age, gender, activity level, disability, and medical need. The cook will assure the dining room, kitchen, and kitchenette is clean and attractive for all residents to enjoy the meals. This position must fulfill expectations of exceptional customer service.

QUALIFICATIONS:

- Must understand and communicate food service vocabulary.
- Must be punctual, with a good attendance record.
- Must be mature and emotionally stable using calm and kind tone of voice, remaining calm in difficult or unusual circumstances.
- Must be able to prioritize and organize work effectively and efficiently, staying on task.
- Must be flexible and adaptable to changing situations.
- Must be compassionate and work with tact and ethical awareness.
- Must work as a team member with other personnel, Head Cook and Assisted Living Director.
- Must demonstrate good interpersonal skills.
- Maintain confidentiality.
- Comply with applicable standards of behavior and conducts including, but not limited to, standards of conduct, and professional code of ethics.

SPECIALIZED KNOWLEDGE AND ABILITIES:

This position requires incumbent to have:

- A service-oriented mindset.
- Good verbal communication skills.
- Ability to understand and relate well to senior adults.
- Ability to read and complete necessary paperwork.

ESSENTIAL JOB FUNCTIONS AND TASKS:

Receiving and Storage of Food Service Products.

- Receive and examine foodstuffs and supplies for quality and quantity.
- Place foodstuffs and supplies in dry storage, refrigerator, cooler and/or freezer to ensure food safety.
- Ensure all items needing freezer or refrigeration are put away within 30 minutes.
- Utilize proper storage containers.
- Properly label and date storage containers.

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- Record food and supply shortages.
- Keep all storage rooms locked.

Food Production.

- Be familiar with weekly menu.
- Know and understand different types of diets.
- Pull food, as needed, according to weekly menu.
- Ensure that all supplies are obtained from storage areas in adequate time for meal production.
- Prepare meals according to scheduled meals and recipes.
- Set the dining room table for all meals.
- Serve the meals and beverage to all residents at mealtime.
- Read and adjust recipes as needed.
- Utilize food preparation tools, equipment and appliances.
- Weigh, measure, mix, bake and cook ingredients.
- Properly store and date leftover food.
- Apply personal knowledge and experience in food preparation.
- Minimize waste.

Safe Food Handling Skills and Practices.

- Practice strict personal hygiene.
- Be familiar with all infection control, department and facility policies and procedures.
- Monitor and document time and temperature of food and appliances daily.
- Thaw food properly, including pulling food from freezer prior to needing it.
- Keep raw products and ready to eat foods separate.
- Avoid cross-contamination.
- Cook to required minimal internal temperatures.
- Hold hot foods at 140° F or above and cold food at 41° F or below.
- Cool cooked foods properly.
- Reheat to internal temperature of 165° F for 15 seconds.

Customer Service and Meal Presentation.

- Meet daily mealtime schedule.
- Practice proper portion control.
- Plate meal attractively.
- Attractively garnish plates.
- Maintain high quality food standards.
- Coordinate with Assisted Living Director for special meals for diets, or special activities.
- Deliver plates to nursing staff, marking them to ensure delivery to the correct resident.

Sanitation of Food Service Area.

- Clean the dining room, kitchen, and kitchenette after all meals as scheduled.
- Clean and sanitize work areas.
- Maintain an organized clean work area.
- Assist with daily and scheduled general cleaning of the department to maintain a safe, clean kitchen.
- Dispose of trash in proper areas.
- Recycle cans, plastic, and cardboard in proper areas.

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Operation and Maintenance of Facility, Equipment and Appliances.

- Properly operates all equipment in the kitchen.
- Notify Head Cook and/or Maintenance of equipment failure and malfunction.
- Demonstrate a strong respect for facility and supplies.

Other Support Functions and Tasks.

- Coordinate groceries with Head Cook for ordering.
- Demonstrate to the regulating authority knowledge of food-borne disease, prevention, application of the hazard analysis critical control point principles and the requirement of the Minnesota Food Code.
- Order, as needed, supplies including food, bread, paper products, and chemicals.
- Document and communicate with Head Cook or Assisted Living Director any incident reports for emergencies or accidents for self, other employees, or residents.
- Complete all training, as assigned, within the specified time frame. Attend all in-service training sessions.
- Follow all the policies and procedures set forth in the Policy and Procedure Manuals.

Other Duties as Assigned.

Working Conditions:

- The noise level in the work environment is usually moderate to minimal.
- Inside work while assisting residents.
- Minimal exposure to Blood borne Pathogens, Infectious Diseases.
- Exposure to cleaning chemicals, fumes or airborne particles.
- Exposure to extreme cold and extreme heat.
- Exposure to unpredictable people, behaviors, situations and pets.
- Exposure to illnesses and frailties of residents.

Physical Requirements:

General Strength

Check one:

- Sedentary Lifting up to 10 lbs. occasionally and/or negligible amount frequently.
- Light Work Lifting 20 lbs. max. w/ frequent lifting and/or carrying of objects up to 10 lbs.
- Medium Work Lifting 50 lbs. max. w/ frequent lifting and/or carrying of objects up to 25 lbs.
- Heavy Work Lifting 100 lbs. max. w/ frequent lifting and/or carrying of objects up to 50 lbs.
- Very Heavy Work Lifting over 100 lbs. w/ frequent lifting and/or carrying of objects up to 50 lbs.

Use this scale to rate frequency of occurrence for each variable in tables below.	
N = Never	Not part of job requirements
S = Seldom	Not daily, but included 1-3 times per week

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O = Occasional Done intermittently throughout day or week, but not more than 33% of the day or week.
F = Frequent Done at longer intervals throughout the day or week, 34%-66 % of the day or week.
C = Continuous Done without interruption throughout the day or week, 66%-100% of the day or week.

Physical Factors

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. on uneven ground	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Pushing Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs. Distance:..
5. Pulling Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs. Distance:..
6. Lifting (heaviest weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.
a. from floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lbs. 20+
b. from table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lbs. 20
c. overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lbs. 10
7. Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs. 25+ Distance:..
8. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. ladders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. scaffolds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. narrow surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. slippery surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. moving surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Stooping/bending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Crouching/squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Twisting/turning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Restraining	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. below shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. at shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Neck motions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. static positions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. extension	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hand-Arm <input type="checkbox"/> Foot-Leg
19. Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <input type="checkbox"/> Two
b. firm grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands

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c. pushing and pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <input type="checkbox"/> Two Hands <input type="checkbox"/> One Hand <input type="checkbox"/> Two Hands
20. Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. fine manipulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. writing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. keying/typing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Driving a vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Other physical demands (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sensory Factors

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Feeling/touching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Tasting/smelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. near vision (reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. near vision (20" or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. far vision (20 feet or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Environmental Conditions

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Work setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. outside	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Extreme cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Extreme heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wet and/or humid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Exposure to blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Exposure to body fluids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Exposure to infectious disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Loud noises	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Vibrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Atmospheric conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. fumes/odors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. poor ventilation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. grease/oil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. dust	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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f. other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Moving mechanical parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Caustic chemicals (describe/list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.						
14. Latex products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wearing respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Exposure to poisonous plant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Exposure to insect/animal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Other (describe below)						
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Mental Requirements

Do the essential job functions require the ability to do any of the following on a **regular** basis?
Check the appropriate box for each item and describe as applicable.

	Yes	No	Comments (provide description)
1. Resident/public contact-indicate percent of time of the work week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Reading describe level (e.g., technical, grade level of materials used, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Writing written communications required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Simple arithmetic problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Mathematics calculations requiring formulas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Weighing and/or measuring precise and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Attentiveness duration maintaining constant alertness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Attentiveness intensity concentration required for accuracy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Short-term memory recall 2-3 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Long-term memory recall from past education or event	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Directing, controlling or planning activities of others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Transferring knowledge to unique situations complex problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Influencing people in their opinions, attitudes and judgments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Performing multiple tasks concurrently	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Showing capacity for self-expression feedback, teamwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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16. Working alone or apart, in physical isolation, from others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17. Attaining precise set limits, tolerances and standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Working under unusual time constraints or set productivity standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Shift work other than day hours or variable start times	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Ability to problem solve simple data gathering, selecting from known options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

This job description is not an exhaustive list of all skills, responsibilities, or efforts associated with a job. They reflect principal job elements essential for performing the job and evaluating performance.

This document does not create an employment contract, implied or otherwise, other than an “at will” relationship.

Cook

I, _____, have read the above job description and fully understand the conditions set forth therein, and as a Cook, I am able to perform job duties, with or without reasonable accommodation and perform these duties to the best of my ability. I also understand Cornerstone cannot guarantee my employment and that Cornerstone may change wages, benefits and/or conditions of employment at any time.

I also acknowledge that I have read and understand Cornerstone Residence’s Uniform Disclosure of Assisted Living Services and Amenities, as well as the organizational chart and roles of staff within the facility.

Employee Signature

Date

Supervisor Signature

Date