

Zaia & Zaia New Employee Orientation Checklist

Employee Name _____
Date of Hire _____
Social Security Number _____
Position _____

Manager: Please initial in the columns below as verification that all items listed have been completed.

It is important that each new employee read the materials they are issued including the employee handbook, attendance policy, and all forms. The written information and our company policies are very important and serve, in part, as the basis for determining whether or not our employees are meeting our standards and expectations.

Manager Initials	Item or Material Issued
_____	Completed Employee Application
_____	Completed W-4
_____	Completed I-9
_____	Reviewed Employee Meal Policy
_____	Read/Reviewed Employee Handbook
_____	Emergency Contact Form
_____	Equipment Age Requirements (Wetzel's Pretzels Employees)
_____	Attendance Policy
_____	Two Documents that Establish Identity and Employment Authorization
_____	TB Test Results (Code C Café Employees)
_____	Food Handling Certificate
_____	Win-Win Agreement
_____	Direct Deposit Form

My Signature below attests to the fact that the above items and information have been provided to me. I understand and agree that the company owns all items and information and can reasonable demand theses back at any time without advance notice. I further understand that any policy or rule infraction may result in disciplinary action, up to and including termination. I understand that employment with Zaia & Zaia LLC is without any guarantee of any length of time.

Employee Signature _____

Manager Signature _____

Date: _____

Date: _____



Store Name & No.

Employment Application

OUR EMPLOYMENT POLICY – Equal opportunity for all without discrimination of race, color, creed, sex, age, handicap, or national origin.

Today's Date:

Name	Last	First	Middle Initial	Social Security No.		
Present Address	Street	City	State	Zip Code	How long at address?	Phone No. Home: Work:
Prior Address	Street	City	State	Zip Code	How long at address?	Can you after employment submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position Applied for:	Other positions for which you qualified:	Schedule desired: <input type="checkbox"/> Part time Days <input type="checkbox"/> Full time Days <input type="checkbox"/> Part time Evenings <input type="checkbox"/> Full time Evenings <input type="checkbox"/> Weekends			When can you start?	
Do you have any physical condition or handicap which may limit your ability to perform the job applied for? If yes, what can be done to accomodate your limitation?				Have you been convicted of a felony in the last ten years? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please give details. Convictions will not necessarily disqualify applicant from employment.		
List all friends and relatives currently working for us and their location:				Are you currently employed? Full time <input type="checkbox"/> Part time <input type="checkbox"/> No <input type="checkbox"/>		
How were you referred to us?		Have you undergone a name change that would hinder our ability to check your previous work history and/or education records? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:				

WORK HISTORY

List Your Previous Experience Beginning With Your Most Recent Position:

Start Date	Employer Name	Starting Position	Starting salary	List Major Dutes
/ /			\$	
Date Left	Address	Final Position	Final Salary	Reason for Leaving
/ /			\$	
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	
Start Date	Employer Name	Starting Position	Starting salary	List Major Dutes
/ /			\$	
Date Left	Address	Final Position	Final Salary	Reason for Leaving
/ /			\$	
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	
Start Date	Employer Name	Starting Position	Starting salary	List Major Dutes
/ /			\$	
Date Left	Address	Final Position	Final Salary	Reason for Leaving
/ /			\$	
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	
Start Date	Employer Name	Starting Position	Starting salary	List Major Dutes
/ /			\$	
Date Left	Address	Final Position	Final Salary	Reason for Leaving
/ /			\$	
List Three Management References:	1) Name/Title Phone	2) Name/Title Phone	3) Name/Title Phone	

PLEASE COMPLETE REVERSE SIDE

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	CIRCLE HIGHEST GRADE COMP.	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
High School		9 10 11 12			
College		13 14 15 16			
Other (specify)		17 18 19 20			
Business or Trade		1 2 3 4 1 2 3 4			

SPECIAL SKILLS

Typing _____ (WPM) Computers

Word Processing Equipment _____ Other skills _____

AVAILABILITY

HOURS AVAILABLE FOR WORK	COMMENTS
MON FROM _____ TO _____	
TUES FROM _____ TO _____	
WED FROM _____ TO _____	
THUR FROM _____ TO _____	
FRI FROM _____ TO _____	
SAT FROM _____ TO _____	
SUN FROM _____ TO _____	

NOTE: Store work schedules are based upon the needs of the business, and may be subject to change on a weekly basis.

ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS

Academic and Professional Activities and Achievements, Awards, Publications, Professional Societies.
Exclude organizations which indicate race, creed, color, sex, age, handicap, or national origin of its members.

IMPORTANT: Read Carefully

Information contained in this application is correct to the best of my knowledge and I understand that falsification and/or omission of this information may result in dismissal in accordance with company policy. The company in considering my application for employment may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background, and release all parties from all liability for any damage that may result from furnishing same to you. In accepting employment, I acknowledge that the policies, benefits and other programs listed in the benefits booklet and policy manuals do not infer or imply a contract of employment between the company and myself. I realize the aforementioned benefits, policies, and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the Company. I also realize that my first 90 days of employment is considered to be a probationary period, and thereafter at will, during which time my employment and compensation can be terminated, with or without notice, at any time, at the option of either the company or myself.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE

Signature of Applicant: _____ Date: _____
(Do not Print)

Please Do Not Write Below This Line

Post employment information:

MARTIAL STATUS	Divorced Married	Single Separated	Widowed	BIRTHDATE	SPOUSE'S NAME (If Applicable)
----------------	---------------------	---------------------	---------	-----------	----------------------------------

In case of emergency, notify: Name _____ Address _____ Relationship _____ Phone _____

Employee's Withholding Certificate

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.
c Add the amounts from lines 2a and 2b and enter the result on line 2c.
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b) - Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: <i>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Zaia & Zaia LLC

MEAL BREAK WAIVER AGREEMENT

Employee Name (Please Print) _____

I agree to waive meal periods as follows:

First Meal Period

- I understand that I am entitled to an unpaid break of not less than 30 minutes for every five (5) hour period of time worked. However, I understand that I can waive the meal period when my total day's work will be completed within a work period of not more than six (6) hours.
- Accordingly, I agree to waive the meal period whenever my total day's work will be completed within a work period of not more than six (6) hours.

Second Meal Period

- I understand that I am entitled to a second unpaid meal break of not less than 30 minutes if I work more than ten (10) hours during a work day. However, I understand that I can wave the second meal period when my total day's work will be completed within a work period of not more than twelve (12) hours, as long as I did not wave the first meal period.
- Accordingly, I agree to wave the second meal period whenever my total day's work will be completed within a work period of not more than twelve (12) hours, as long as I did not wave the first meal period.

I enter into the agreement freely and voluntarily. I understand that this agreement can be revoked in writing by either me or the Zaia & Zaia LLC at any time.

Employee's Signature: _____ Date: _____

Supervisor Name (Please Print): _____

Supervisor's Signature: _____ Date: _____

Emergency Contact Form



Employee Name _____	Address _____
Phone Number _____	_____

Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

Emergency Contacts:

Primary Contact in case of emergency:			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
_____	_____	Alternate Phone Number	_____

Physician Contact

Doctor's Name	_____	Address	_____
Phone Number	_____	_____	_____

Employee Authorization

I have voluntarily provided the above contact information and authorize Zaia & Zaia LLC and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee signature

Date



EQUIPMENT AGE REQUIREMENTS

No employee under the age of 16 is authorized to utilize the oven.

No employee under the age of 18 is authorized to utilize the mixer machine.

If you are unclear as to your specific duties or for which areas you are authorized to work, please see your manager.

Birthdate and Current Age

Signature

Print Name

Date

ZAIA&ZAIA LLC

ATTENDANCE AND PUNCTUALITY POLICY 2018

Regular attendance and punctuality are essential to the smooth operation of the company, so we ask that all employees be at their work areas at the start of each scheduled workday. Consistent and on-time attendance is a measure of dependability.

The policy stated below are to serve as guidelines. Managers, with the assistance of company ownership, may determine that an employee is abusing the attendance policy, even though the employee has not accrued many occurrences, and have the discretion to discipline the employee up to and including termination. Examples of abusing the policy are: an employee always calls off work on Fridays, Saturday or Sunday, Holidays, switching and giving away their scheduled hours based on their availability; and/or an employee is regularly 5 minutes or more late every shift, etc. **INITIAL:** _____

Incident: An incident is a term used to add occurrences from a perfect attendance record.

Perfect Attendance: No absences or tardiness in any quarter of the year.

Absences: An absence from work is defined as the failure of any employee to report to work when scheduled. This applies to any assignment, be it regular shift, overtime work, work related meetings, lunch, etc. One day of absence will be considered one incident. A second day of absence is considered a second incident, and so on. If however, a physician releases the employee from work in writing, the entire time of absence is only counted as one incident. Every incident can result in a written warning.

Tardy: Tardiness occurs when an employee is not present, and ready to begin working, at his/her workstation at their scheduled time. Tardiness also occurs when employee leaves work prior to the end of their scheduled shift without prior approval. Tardiness also occurs when an employee does not return to workstation once break or lunch period has been over. A manager at its discretion can give a 5 minute leeway, however every tardiness is considered one incident. 3 incident in any one month period will result in a written warning.

No Call/No Show: Employee must report their absences each time. Failure to do so is considered a No Call/No Show. Also, failure to report one's absence at least 3 hours

prior to the start of the schedule shift will be regarded as a No Call/No Show which is considered one incident. Every incident can result in a written warning.

Exception: Pre-approved time off request a pre-approved leave of absences will not count as incidents. An employee who fails to call in or report to work for 2 consecutive workdays is VOLUNTARILY TERMINATING their employment with the company.

Reporting Requirements: Employees must notify their manager at least 3 hours prior to the start of their scheduled shift if they are going to be absent or late. All occurrences require a written document showing cause for work missed. **INITIAL:** _____

Guidelines for Attendance Control: Based on the written warning policy, every incident may result in a written warning and an employee will be subject to disciplinary action, such as, suspension during any written occurrence or termination when its results in 3 written warnings or sever incidents. **INITIAL:** _____

*As our mission to encourage staffs punctuality, you will be rewarded for your **PERFECT** attendance:

INCENTIVE:

All employees with perfect QUARTELRY attendance (Jan-Mar, April-June, July-Sept, Oct-Dec) will receive a \$25 GIFT CARD as a show of our appreciation for your punctuality!
INITIAL: _____

I have read and understand the above guidelines and attendance policy.

Employee Name: _____

Employee Signature: _____

Employee Date Signed: _____



WIN WIN AGREEMENT

Employee Name: _____

To help us keep a professional and amazing work environment, we all are required to abide by some standards that are essential to our company's core values.

1. HONESTY
2. PUNCTUALITY
3. BE IN UNIFORM
4. TREATING EVERYONE WITH RESPECT
5. CLIENTS ARE MAIN PRIORITY
6. AMAZING FOOD QUALITY
7. HELP MY TEAM SUCCEED

All new hires are in a 90 day probation period. You are hired to work the schedule based on your availability from _____ to _____ on days of _____
_____ at the rate of
\$_____ per hour.

By signing this agreement, I agree and promise to do my best to uphold the standard of the company and to ensure that I support my peers to do the same, to ensure we continue to have an amazing work environment.

My name is _____, and I support and agree with the WIN-WIN Agreement.

Employee Signature: _____ Date: _____

Managers Signature: _____ Date: _____

Zaia & Zaia LLC Employee Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*) and (3) Return this to your Payroll Manager. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number (*it usually is not the number on a deposit slip*). See example at bottom.

Important! Employees, please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owns to me into the bank or other financial institution ("Financial Institution") accounts identified bellow. The undersigned also authorizes financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: _____ Social Security #: _____-_____-____

Employee Signature: _____ Date: _____

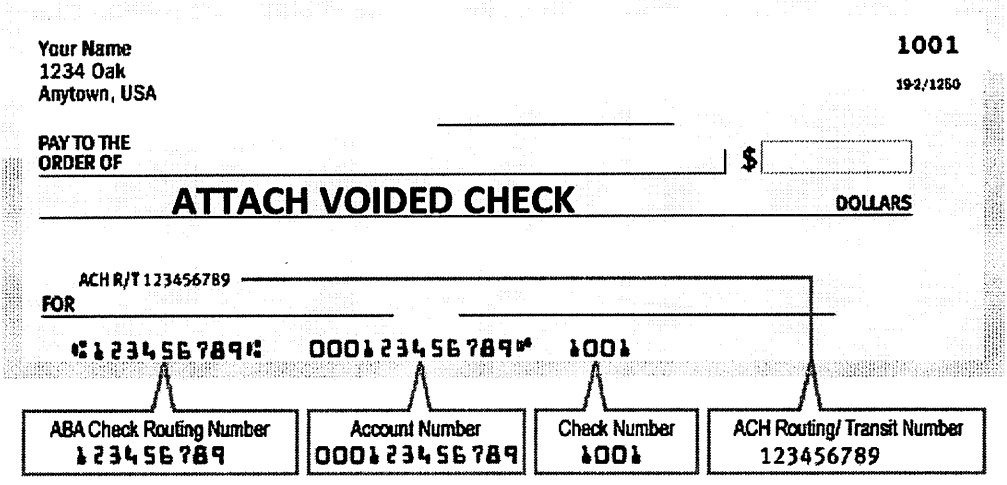
Employee Account Information. (*Last item must equal remaining balance. For more accounts, attach additional sheets*).

New Account
 Additional Account
 Replacement Account

Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____


Checking
 Saving
 Please deposit: \$_____. ____ or ____%
 or Entire Net Pay



Employers: Keep each copy of enrollment form on file as long as the employee is active and for two years afterward.

Our organization does not recommend emailing this form. Zaia & Zaia LLC accepts no liability for transmission of confidential data via email. Email transmission cannot be guaranteed to be secure or error-free, as information could be intercepted, corrupted, lost, destroyed, or contain viruses.

Entered by: _____ Date: _____



**ZAIA AND ZAIA LLC
EMPLOYEE HANDBOOK**

Welcome to Zaia & Zaia LLC

Welcome to the Zaia & Zaia LLC Team. It is our sincere desire that your employment experience with us be a challenging, enjoyable, and rewarding one. This handbook was developed to describe our expectations of Zaia & Zaia LLC employees and to outline the policies, procedures, and business philosophy of our company. It is combined with the training you will receive, will provide you with the tools necessary to be a successful member of our team.

Our company's goal is to have our guests try our delicious product, and an extraordinary customer service. That is where you fit in. We've created the tastiest products and added the refreshing drinks, but only you can provide the outstanding customer service. Working together as a team we can ensure that Zaia & Zaia LLC continues to be one of America's fastest growing specialty food companies.

Once you have read the handbook, we ask that you acknowledge by signing the Acknowledgment Form and Non-Disclosure Acknowledgment Form, which will be provided by your trainer. After completing your training you will be asked to sign an acknowledgement that you have been trained in all areas outlined on the New Employee Checklist.

Employment Policies

Zaia & Zaia LLC strives in every way to make our stores a positive work environment, where hard work and commitment are recognized and rewarded. Employment with Zaia & Zaia LLC is voluntarily entered into, and you are free to terminate your employment relationship at any time, with or without cause. Similarly, Zaia & Zaia LLC may terminate the employment relationship with you at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law.

Equal Employment Opportunity and Harassment

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Zaia & Zaia LLC will be based on merit, abilities, dependability and attitude. Zaia & Zaia LLC does not discriminate in employment opportunities on the basis of race, color, religion, sex, national origin, age or any other characteristic protected by law. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Zaia & Zaia LLC is committed to providing a work environment free of sexual or any other form of harassment. Any employee with questions or concerns is encouraged to use the Grievance Procedure as outlined below.

Prohibited conduct

No supervisor shall threaten or suggest either explicitly or implicitly, that another employee's submission to or reflection of sexual advances may in any way influence any decision regarding that person's employment, compensation, assignment, advancement, career development, or any other condition of employment. No employee shall engage in any conduct that creates a hostile or offensive working environment for another employee, whether in the form of words, pictures, or physical actions. Anyone found to be engaging in any type of unlawful discrimination or harassment will be subject to disciplinary action, up to and including termination of employment.

Grievance Procedures

Zaia & Zaia LLC makes every reasonable effort to ensure fair treatment of its employees. All employees have free and open channels of communication available to them without fear of reprisal for their complaints. Employees are encouraged to use the Grievance Procedures so that problems can be minimized and questions resolved on a timely basis.

Step 1: Tell your immediate supervisor

Step 2: If not satisfied, see your store manager

Step 3: If you are still not satisfied arrange a meeting with the C.E.O. of Zaia & Zaia LLC.

Employment Reference Checks

To ensure that individuals who join Zaia & Zaia LLC team are well qualified and have a strong potential to be productive and successful, it is our policy to check the employment references of all applicants.

Immigration Law Compliance

Zaia & Zaia LLC is committed to employing only United State citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin.

As a condition of employment, each new employee must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility.

Employee Medical Examinations

To help ensure that employees are able to perform their duties safely, medical examinations may be required.

To help ensure a safe and healthful workplace, employees may be asked to provide body substances (such as urine or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment, or the withdrawal of any offer of employment.

Information on an employee's medical condition or history will be kept separate from other employee information and maintained in the strictest confidence. Access to this information will be limited to those who have a legitimate need to know.

Scheduling

Your work schedule will be determined by the Zaia & Zaia LLC where you are employed. Your schedule may vary depending on the needs of your work location. The work schedule will be posted in advance for the following week. Review your schedule thoroughly so that you are familiar with you assigned hours. You must request changes in your schedule ahead of the time and the change must be approved by the store manager.

Standards and Expectations

To help you feel more comfortable in your work environment, you should become familiar with our standards. These are the expectations and the overall framework for our company's polices and procedures.

Uniforms and Appearance

One of our company goals is to present a clean, professional appearance to our guests. We ask that you take as much pride in your appearance as we did when we selected you for employment. Our uniform enhances our image and you are requited to wear it, in it's entirely whenever you are scheduled to work. You may not alter the uniform or its appearance in any way. You will be issued the following:

- 1 Visor
To be worn at all times with the bill facing forward.
- 2 Shirts
Must be clean and pressed.
- 1 Apron
Must be clean and pressed.
- 1 Name Badge
You will not be charged for your uniform package unless you fail to return all items when you terminate your employment.

Your clothing must be clean, pressed and fit properly. No excessively oversized (baggy) blue jeans or shorts are allowed. Your clothes may not have any holes to them.

In addition, you must wear closed-toed shoes with rubber soles such as tennis shoes.

Jewelry is restricted to a promise, engagement, or wedding ring, a wrist watch and one small earring in each ear not to extend more than one half inch below ear lobe. No other jewelry may be worn including any and all body piercing. Employees wearing rings, false nails or nail polish must wear latex gloves while preparing or handling food. This is a health and safety regulation.

Only light, tasteful make-up is allowed.

Employees with long hair must wear their hair up in their visor or in a ponytail.

No visible tattoos

Mustaches, Beards, or Goatees, must be clean trimmed, and well kept.

Employees who do not meet the personal appearance standards determined by the Zaia & Zaia LLC where they are employed will be subject to suspension until compliance is met. Repeated offenses could result in termination.

Personal Habits

Our goal is to provide a drug-free and safe workplace for all employees. Therefore, while conducting business off the premises, no employee may use, process, distribute, sell or be under the influence of alcohol or illegal drugs. Employees suspected of such behavior will be subject to immediate suspension and possible termination.

Health and Safety

All employees are required to know and follow all safety guidelines, which have been established for the location where they are employed.

If any accident or injury occurs at the work place you need to immediately report it to your supervisor. No matter how minor.

Latex gloves need to be wear at all times when preparing food.

The health department and Zaia & Zaia LLC require that all employees wash their hands after using the restroom, and before preparing or serving food.

Work Conduct

As a representative of Zaia & Zaia LLC you are expected to follow rules of conduct that will protect the interests and safety of all employees and preserve the Zaia & Zaia LLC

image. Your cooperation will ensure businesslike operations and provide the best possible work environment.

Family, friends and ex-employees are welcome as customers; however they are not permitted behind the counter of the store, at any time. Visitor who are not customers are not permitted to stand around in any area of the front counter, rolling station, or monopolize the attention of the sampler.

Use of the telephone is at the discretion of your store manager and for emergencies only.

Because quest and other employees rely on you, regular and punctual attendance is critical. If you unexpectedly have to miss work or arrive late for any reason please call the manager on duty directly with as much advance notice as possible.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules of conduct that may result in disciplinary action, up to and including termination.

- Theft or inappropriate removal or possession of property.
- Possession, distribution, sale transfer, or use of alcohol or illegal drugs in the workplace, while operating employer-owned vehicles or equipment.
- Falsifying documents including information on your application for employment.
- Fighting or threatening violence in the workplace.
- Sexual or other unlawful or unwelcome harassment.
- Careless or willful destruction of company property.
- Excessive absenteeism or any absence without notice.
- Unauthorized disclose of business secrets or confidential information.
- Unsatisfactory performance or conduct.
- Refusal to do assigned work.
- Working in a manner which endangers the safety for you or co-team members and customers.
- Swearing at, being rude to or disrespectful toward customers or supervisors.

Paydays

Pay periods are scheduled for Bi-weekly circle. If there is any changed to this schedule you will be advised of the pay period and paydays on your first day of employment.

Evaluations and Pay Increases

The evaluation is an important part of your development as an employee of Zaia & Zaia LLC designed to be an objective measure for appraising your job performance. A performance evaluation will be schedule by your store manger at the end of your training period (30 days of employment), at 6 months and every year thereafter.

Pay increases will be based on merit and the result of the evaluation of your work performance. Pay ranges and applicable benefits are determined by the management of Zaia & Zaia LLC where you are employed.

Knowledge and use of the English Language

As a Zaia & Zaia LLC employee you are expected to speak, read, and understand the English language. You must be able to speak English when talking to English speaking guests. If a guest speaks to you in another language that you understand please respond in that language (if you have the knowledge to do so). When talking with other member within close proximity of English speaking customers or in the front of the store you are required to communicate in English.

Training

You will be provided with comprehensive and effective on-the-job training program developed to provide you with the skills required to be a confident Zaia & Zaia LLC employee. Zaia & Zaia LLC believes in setting you up to succeed by making sure that you always know what is expected of you and providing you with the knowledge necessary to meet or exceed those expectations. Your training period will be the first thirty (30) days of your employment and will include a minimum of 5 hours at each work station.

You will receive training in our product, our menu, our philosophy, and on customer service.

At the end of the training period you will receive an evaluation of your competency at each station scored as follows:

- **5 - Expert** (reserved for those who need no improvement – a trainer).
- **4 - Very Good** (needs improvement in minor areas to be a trainer).
- **3- Acceptable** (can work station without trainer).
- **2- Needs improvement** (should only work station with trainer observing)
- **1- Unacceptable** (should never work that station).

Training will also be given in outstanding customer service and effective teamwork and you will be expected to continually improve in both of these areas during your employment with Zaia & Zaia LLC

Conclusion

You were selected for employment because you met the standard of excellence we have set for employees representing Zaia & Zaia LLC. We have committed ourselves to giving you the tools necessary to perform the duties of your position at the standard. We expect your commitment as well.

Please feel comfortable to speak to your supervisor whenever you have questions or concerns and to ask for additional training whenever you do not feel confident about performing any task assigned to you. We wish you a successful employment experience.

Zaia & Zaia LLC

I _____ have been given a copy of the Zaia & Zaia LLC employee Handbook, and Non-Disclosure Agreement. I understand and agree to adhere to all policies and procedures as set in this employee handbook. I understand if I do not follow these policies and procedures in this handbook, there will be a disciplinary action, up to and including termination of employment.

Employee Signature

Date

Supervisor Signature

Date

Store Location / Store number

Zaia & Zaia LLC

I _____ have been given a copy of the Zaia & Zaia LLC employee Handbook, and Non-Disclosure Agreement. I understand and agree to adhere to all policies and procedures as set in this employee handbook. I understand if I do not follow these policies and procedures in this handbook, there will be a disciplinary action, up to and including termination of employment.

Employee Signature

Date

Supervisor Signature

Date

Store Location / Store number

Website: www.PremierFoodSafety.com



[Food Handlers Card](#) | [Food Manager Certification](#) | [Alcohol Training](#) | [AB 1825 Training](#)

California

Food Handlers Card \$7.95

**How To Get Your
Food Handlers Card**

1. Register
2. Complete Training
3. Instantly Print Certificate

[Get Started Now](#)

[Looking for Group Discounts?](#)

