



Mystery Shopper Application

Loyola Dining Services
Loyola University New Orleans



Social Security Number

Class: FR SO JR SR grad/other _____

(specify graduate school; i.e. Business, Law, etc.)

Please print

Name: _____
Last First Middle

Local or Home address _____

Local Phone # _____ Home Phone # _____

E-mail address _____

Circle one: On-Campus Student

Off-Campus Student

Circle one: Female

Male

Age: _____

Information on faculty reference: (please print)

Name: _____

Office or Department address: _____

Office or Department Phone #: _____

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY

The information that I have provided is accurate and subject to validation by University Services. I understand and agree that any misrepresentation or omission of a fact in my application may be justification for not being chosen as a Mystery Shopper with University Services and Sodexo. Space is limited and acceptance is contingent on an interview with either a Sodexo or University Services manager.

I understand that in order to participate, I must meet the standard requirements and agree to this commitment in writing. Participation in the Mystery Shopper Program is not required; rather the applicant chooses to participate of their own free will. Participants will individually visit two venues weekly, but a total of 6 venues will be visited by the entire group. This will be on a rotating fixed schedule. This format is essential in order to receive feedback on all of the dining locations on campus on a weekly basis from a diverse group. Participants must be present at all Mystery Shopper discussions and return their results promptly if they are excused from attending a particular discussion. Excused absences must be approved by either the Sodexo Marketing Manager or Meal Plans and Vending Manager. If permission has not been authorized, the Mystery Shopper Program benefits may be removed.

I understand that I am required to visit two dining venues weekly and attend a mandatory meeting at a specified location once a week to report findings. Reports must be turned in at specified meeting time and location. I will utilize the points on my Loyola Card, which have been distributed through University Services, solely for Mystery Shopping purposes. Any violation of this rule not authorized by Sodexo or University Services may result in immediate termination of program benefits.

Date: _____

Signature: _____