

# OOPS Mystery Shopper Application Form

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS:

HOME \_\_\_\_\_ WORK \_\_\_\_\_

MOBILE \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT  
EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

As much of the reporting is done during week nights and on weekends, there is occasionally week lunches, therefore could you please indicate what times you are available (Please tick).

Time	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Noon – 4.00pm							
6.00pm – 9.00pm							
9.00pm – Midnight							

Do you have access to a car? \_\_\_\_\_

Are you able to meet strict deadlines? \_\_\_\_\_

Do you have good presentation, grammar, spelling skills? \_\_\_\_\_

Is your typing accurate? \_\_\_\_\_

Do you have internet access? \_\_\_\_\_

Do you feel uncomfortable asking people questions? \_\_\_\_\_

Have you ever claimed Workers Compensation? If yes, please explain:

---

---

---

***Conflict of Interest***

You will be required to advise us immediately if you are given an assignment to a venue or business that you or a family member are members or are employed. We also require that you do not accept an assignment where it is in direct competition to your employer.

***Declaration***

I believe that I have answered all questions honestly and to my best ability. I understand that any misleading or untruthful answers may result in the termination of my employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_