



LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY  
MIKE STRAIN DVM, COMMISSIONER

Louisiana Agricultural Workforce Development Program

Agricultural Business Supplemental Questions

**Business Name as given on Application:** \_\_\_\_\_

**Will the internship be domiciled in the State of Louisiana?** Yes  No

**Physical address of the internship:**

\_\_\_\_\_

**Name of intern's direct supervisor:**

\_\_\_\_\_

**Will the internship offer the intern an opportunity to obtain meaningful work experience, including, but not limited to:**

- At least one hundred thirty (130) hours of work experience? Yes  No
- Not to exceed one year in duration? Yes  No
- An hourly wage rate that is no less than the state's prevailing minimum wage rate? Yes  No

**Will the eligible business:**

- Provide worker's compensation insurance coverage for the intern(s)? Yes  No
- Commence within 30 days of the projected start date identified in the business application? Yes  No
- Ensure that intern(s) do not displace current employee(s) of the participating business? Yes  No
- Ensure compliance with all federal, state, and local laws including, but not limited to, the Fair Labor Standards Act as well as any other applicable labor and/or occupational safety laws and regulations?  
Yes  No

**OWNER NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_