



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 a 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: _____