

Department of Labor and Industries  
 Employment Standards  
 901 North Monroe Street Suite #100  
 Spokane WA 99201-2149



Phone: 800-509-8847 or 509-324-2663  
 Fax: 509-324-2618

# Application for Farm Internship

## For Internal Use Only

Application Number:

Name of farm	Date
Farm owner's name	UBI
Do all the owners or partners provide regular labor and participate in the management of the farm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Entity type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:	
Farm's physical location address	Farm's mailing address
Farm's physical city, county, state, and zip code	Farm's mailing city, county, state, and zip code
Contact email address	Contact phone number

Total number of employees	Annual sales reported to the Internal Revenue Services \$
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Description of farm (that is, type of crop or animal)

Number of interns you intend to hire	Duration of internship	Dates: From: _____ To: _____
Will you pay the intern wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other:	Will you give the intern housing? <input type="checkbox"/> Yes <input type="checkbox"/> No  Will you give the intern meals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you give the intern a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other (specify):

Will you give the intern any other payment or compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what and how much?	Do you have a workers' compensation account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, account number: If no, you must set up an account before submitting this application. Contact L&I Employers Services at 360-902-4817.
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Type of work to completed by interns (attach additional pages):

Description of internship program – provide curriculum of learning modules and supervised participation in farm work activities designed to teach farm interns about farming practices and farm enterprise.

Is curriculum attached:  Yes  No

Anticipated internship start date:

Date	Applicant's signature
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### This section will be completed by the Department of Labor and Industries

Date application received:	Result:	Date application processed:	Date certificate issued:	Date rejection letter mailed:
Reason for rejection:				