



**Louisiana Herbs**  
**1-318-450-2100**  
**[info@LouisianaHerbs.com](mailto:info@LouisianaHerbs.com)**

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

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Highest Level of Education Completed:** \_\_\_\_\_

**Institution/School/University:** \_\_\_\_\_

**Do you have any experience in working with plants?** \_\_\_\_\_

**Previous Employment:**

**Employer:**                      **How Long:**                      **Reason For Leaving:**                      **Contact Name/Number:**

Employer:	How Long:	Reason For Leaving:	Contact Name/Number:

**Are you Married or Single?** \_\_\_\_\_ **Do you have children?** YES / NO

**Is a babysitter an issue?** YES / NO

**Do you smoke, chew, or vape Tobacco/Nicotine Products?** YES / NO

**Do you have any experience in sales?** YES / NO

**Do you have any experience in packing and shipping?** YES / NO

**What are you willing to contribute to the success of the Louisiana Herbs Farm?**

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