

Burrus Labor, LLC
2017 Summer / Detasselling Application

Name _____ Phone _____
(As shown on social security card)

Parent's Name _____ Emeg. Phone _____

Address _____
(Street or rural) City State Zip

Social Security # (req.) _____

Age as of 7/1/17 _____ Grade _____ Birth Date _____

School _____ Height _____ Sex: M F

Did you detassel for Burrus in 2016 2015 2014 Total Years _____

US Citizen Y N I-9 Form Completed Y N

I give my consent for my child to accept employment with Burrus Labor, LLC to receive medical assistance if necessary, and verify that all of the above information is accurate.

(Parent/Guardian signature, if under age 18)

(Date)