

**Burrus Labor, LLC**  
**2018 Summer / Detasselling Application**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(As shown on social security card)

Parent's Name \_\_\_\_\_ Emerg. Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street or rural) City State Zip

Social Security # (req.) \_\_\_\_\_

Age as of 7/1/18 \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Height \_\_\_\_\_ Sex:  M   F

Did you detassel for Burrus in 2017 \_\_\_\_\_ 2016 \_\_\_\_\_ 2015 \_\_\_\_\_ 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)