

Burrus Labor, LLC
2025 Summer / Detasseling Application

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

Parent/Guardian Name _____ Emerg. Phone _____

Address _____
(Street or rural) City State Zip

Social Security # (req.) _____

Age as of 7/1/25 _____ Grade _____ Birth Date _____

School _____ Sex: M _____ F _____

Did you detassel for Burrus in 2024 _____ 2023 _____ 2022 _____ Total Years _____

US Citizen Y ___ N ___ I-9 Form Done Y ___ N ___ I-9 Supporting Docs 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)