

Burrus Labor, LLC 2026 Summer / Detasselling 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 7/1/26 _____ Grade _____ Birth Date _____

School _____ Sex: M _____ F _____

Did you detassel for Burrus in 2025 _____ 2024 _____ 2023 _____ Total Years _____

US Citizen Y ___ N ___ I-9 Form Completed Y ___ N ___ I-9 Supporting Documents 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)