

**Burrus Labor, LLC**  
**2024 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 7/1/24 \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Did you detassel for Burrus in 2023 \_\_\_\_\_ 2022 \_\_\_\_\_ 2021 \_\_\_\_\_ 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)