



Contractor’s: Joseph Bauer 815-404-6828 / Christine Bauer 815-501-8757

Email: Thebauersdetasseling@gmail.com

 I am interested in Detasseling with The Bauer`s Detasseling (must be 13 years of age or older by 6/1/2024)

Name

 LAST FIRST MIDDLE

Home address

City State Zip code

Student Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad Cell Mom Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of birth Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired Pick up Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Experience: How many years have you detasseled? How many years have you rogued?

 Previous company name

 Emergency contact name Relationship

Home phone Cell phone Work phone

Medical Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent or legal guardian of the above teenager (if under 18 years of age) and give my consent for them to detassel corn for any seed corn company contracted by The Bauer’s Detasseling, LLC. I affirm that the one to detassel is not allergic to corn pollen, bee stings, or currently taking medicine or having a physical or mental condition that would endanger them or others while performing the job of detasseling corn. I certify that my child’s age stated above is correct

Applicants signature Date

 Parent/Guardian’s signature (parent must sign if under 18) Date