

Team Corn & Soil Inc
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TEAM CORN - DETASSELER WORK APPLICATION

Legal Name: _____
First Middle Last

Social Security Number: _____

Mailing Address: _____
Street Address or PO Box

City, State, Zip: _____
City State Zip

Email Address: _____

Phone Number: (____) _____ **Your Current Age:** _____ **Your Date of birth:** ____/____/____
(If Under 18) Month Day Year

School you will attend: _____ Grade level next fall: 7 8 9 10 11 12 FR SO JR SR
Circle one High school College

How many summers have you detasseled? _____ With which companies? _____

In Case of Emergency Notify:
Parent Name: _____ Relation: _____
Work/Day Telephone: (____) _____

Applicant: My signature below affirms that the information I have supplied in this application is accurate and complete. If I am selected to work for TEAM CORN, I agree to work to the best of my ability and to follow the terms of the Employment Agreement printed on the bottom and back of this application

➤ _____ Date: ____/____/____ ➤ _____ Date: ____/____/____
Parent or Guardian Signature (If applicant is under 18 years old) Applicant/Employee Signature

(Please Detach Here and Return Top/This Portion to Team Corn)

(Keep This Portion for Your Records)