

Wibben Detasseling Company
PO Box 117 Emden IL 62635
217.376.3230

Name _____ Today's Date ____/____/2022

Phone # _____ Date of Birth _____

Alternative Phone # _____ Age _____

City you live in: _____

Pick Up City: _____

Detasseling Experience? Y N

Years of Experience: _____

Prefer to be contacted by Phone or Facebook

Have a Facebook account? Y N

Facebook name: _____

How did you hear about us? Circle: Paper Friends Facebook Flier Worked Before Other

***Currently, for 2022, masks are optional and no other Covid protocols are in place. Mandatory masking and other measures may be implemented at any time, in accordance with federal and local guidelines. ***

For health and safety reasons only! The following does not affect your job eligibilty in any way!

List any medical conditions or allergies. You are responsible for any medicine you may need.

Vaccinated against Covid-19?

Yes _____ No _____

I have received a written copy of the rules and pay rates for the 2022 detasseling season.

I consent to be informed online via www.wibbendetasseling.com when my application is complete.

Please Sign _____

(To opt out of being informed online, please check here. It will then be your responsibility to confirm your application status via phone or FB)

Opt Out _____

~~~~~Stop Here. Office use only below this line~~~~~

|                                    |  |  |                    |
|------------------------------------|--|--|--------------------|
| LIST B                             |  |  | RETURNING EMPLOYEE |
| LIST C                             |  |  | DATE COMPLETE      |
| PARENTAL CONSENT/EMERGENCY CONTACT |  |  |                    |