

# www.notafraidtosweat.com

## Why not try corn detasseling this summer?

If you're at least 13 years old by July 1 and know how to work hard, we want you on the NATS (Not Afraid To Sweat) Detasseling crew. For approximately three weeks in July, you'll earn great pay, meet new friends, and have positive crew leaders as role models.

- Company founded on Christian principles
- \$6.75/hour GUARANTEED to start
- Experienced management team
- Extra pay for good attendance
- Extra pay for experienced detassellers
- Extra pay for top crew members on each bus
- End-of-season party

*Don't delay! Crews fill up early! Please send this application form to:*

**Martin & Helen Jones**                      **1993 Walton Creek Lane**                      **Niles, MI 49120**

Questions? Call 269-687-9521, click on notafraidtosweat.com or e-mail us at jonesmom5@comcast.net

*Acceptance Letters Will Be Sent Out Beginning May 15 and thereafter*  
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### PLEASE PRINT NEATLY

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Emergency #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent or Guardian Names: \_\_\_\_\_

How many years have you detasseled? \_\_\_\_\_ Previous company name \_\_\_\_\_  
(1 year equals at least ten days in the field)

Height \_\_\_\_\_ Previous work experience, sports involvement, or household jobs:

*Please note: Detasseling is very physical work done under extreme weather conditions. You should not apply unless you are in good physical condition and are prepared to work hard. If you have allergies, please check with your doctor before applying. Most of the corn is between 5' and 6' tall, but it can grow up to 7'.*

#### Medical Release Statement

I hereby give permission for my child, \_\_\_\_\_ to work with NATS Detasseling, Inc. I authorize representatives of NATS Detasseling, Inc. to act for me in emergency medical matters to their best judgment and to notify me as soon as possible.

\_\_\_\_\_  
(Your signature)                      (Date)                      (Parent's signature)                      (Date)