

**BCRC PERSONNEL APPLICATION FORM**

**BUILDING & CONSTRUCTION RESOURCE CENTER, INC.**

**6050 SOUTHPORT, SUITE B**

**PORTAGE, IN 46368**

**PHONE #: (219)764-9500 FAX #: (219)764-9505**

**IMPORTANT! BE SURE TO CHECK THE APPROPRIATE BOX(S) BELOW  
YOU NEED TO COMPLETE THIS FORM IF YOU HAVE NEVER RECEIVED  
OR LOST YOUR BCRC CARD.**

TRADE CODE \_\_\_\_\_  
(OFFICE USE ONLY)

BCRC NUMBER \_\_\_\_\_  
(OFFICE USE ONLY)

LOCAL UNION: \_\_\_\_\_ TRADE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EMPLOYEE LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALT PHONE : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OFFICE PERSONNEL

CONSTRUCTION WORKER

TRAVELER/OUT OF TOWN HELP

SUMMER/TEMPORARY HELP

NEW APPLICANT

LOST CARD

D.O.T.

PLEASE MAKE COPIES AS NEEDED