WORK HISTORY REPORT-Form SSA-3369-BK

READ ALL OF THIS INFORMATION BEFORE YOU BEGIN COMPLETING THIS FORM

IF YOU NEED HELP

If you need help with this form, complete as much of it as you can, and your interviewer will help you finish it.

HOW TO COMPLETE THIS FORM

The information that you give us on this form will be used by the office that makes the disability decision on your disability claim. You can help them by completing as much of the form as you can.

- Print or type.
- When a question refers to "you," "your," or "the Disabled Person," it refers to the
 person who is applying for disability benefits. If you are filling out the form for
 someone else, provide information about him or her.
- Be sure to explain an answer if the question asks for an explanation, or if you think you need to explain an answer.
- If more space is needed to answer any questions, use the "REMARKS" section on Page 8, and show the number of the question being answered.

WHY THIS INFORMATION IS IMPORTANT

The information we ask for on this form will help us understand how your illnesses, injuries, or conditions might affect your ability to do work for which you are qualified. The information tells us about the kinds of work you did, including the types of skills you needed and the physical and mental requirements of each job. In Section 2, be sure to give us all of the different kinds of work you have done in the last 15 years before you stopped working. There is a separate page to describe each different job.

REMEMBER TO SIGN THE FORM IN THE SIGNATURE SPACES ON PAGE 8

Privacy Act and Paperwork Reduction Act Statements

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the name claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices.

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 1 hour to read the instructions, gather the necessary facts, and answer the questions.

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

WORK HISTORY REPORT

SECTION 1 - INFORMAT	ION ABOUT THE DISABLED PE	RSON	
A. Name (First, Middle Initial, Last)	B. SOCIAL SECURITY	' NUMBER	1
C. DAVTIME TELEPHONE NUMBER (6			
C. DAYTIME TELEPHONE NUMBER (If us a daytime number where we can leave a m		e reached, g	give
⊢			
Area Code Phone Number	ur Number	· N	lone
SECTION 2 - INFOR	RMATION ABOUT YOUR WORK		
List the kinds of jobs that you have ha	nd in the last 15 years that you	worked.	
Job Title	Type of Business		Worked
(Example: Cook)	(Example: Restaurant)	From	& Year) To
1.		110111	10
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Give us more information about Job No. 1 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 1				
Rate of Pay	Per <i>(Check One)</i>	Month Year	Hours per day	Days per week
Describe this job. Wha	t did you do all day?	(If you need more sp	pace, write in the "Rem	parks" section.)
In this job, did you:	Use machines, to		<u>=</u>	YES NO
	Use technical kno	_		YES NO
	Do any writing, o or perform duties		rts,	YES NO
In this job, how many	total hours each day	did you:		
Walk?		Kneel? (Be	nd legs to rest on kne	es.)
Stand?			Bend legs & back dow	
Sit? Climb?			ove on hands & knees rab or grasp big ol	
Stoop? (Bend down and for	ward at waist.)	_		
		Write, typ	e or handle small	objects?
Lifting and Carrying (Ex	xplain what you lifted, ho	ow far you carried	d it, and how ofte	n you did this.)
Check the heaviest we	ight lifted:			
	10 lbs 20 lbs	50 lbs	100 lbs. or mor	e Other
Check weight you freq	uently lifted: (By freq	uently, we mean	from 1/3 to 2/3 o	of the workday.)
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs. or r	more Other	
Did you supervise othe How many people of		YES (Comple	te items below.)	NO (Skip to next page.)
What part of your t	ime was spent super	vising people?	?	
Did you hire and fire	e employees?	YES		NO
Were you a lead worke	er?	YES		NO

Give us more information about Job No. 2 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 2				
Rate of Pay	Per <i>(Check One)</i>	Month Year	Hours per da	Days per week
Describe this job. Wha	t did you do all day?	(If you need more sp	pace, write in the"R	emarks" section.)
In this job, did you:	Use machines, to	ols or equipm	ent?	YES NO
	Use technical kno Do any writing, c or perform duties	omplete repor		YES NO
In this job, how many	total hours each day	did you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and for		Crouch? <i>(H</i> Crawl? <i>(M</i> Handle, gi Reach? Write, typ	e or handle sma	own & forward.) ees.) objects? all objects?
Check the heaviest we	eight lifted:	☐ 50 lbs ☐] 100 lbs. or m	ore Other
Check weight you freq	uently lifted: <i>(By freq</i>	uently, we mean	from 1/3 to 2/s	3 of the workday.)
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs. or r	more Oth	er
Did you supervise other How many people of		YES (Comple	te items below.)	NO (Skip to next page.)
What part of your t	ime was spent super	vising people?		
Did you hire and fir	e employees?	YES	[NO
Were you a lead works	er?	YES	[NO

Give us more information about Job No. 3 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO.	3				
Rate of Pay	Hour	Per <i>(Check One)</i>	Month Year	Hours per day	Days per week
Describe this jo	b. What	did you do all day?	(If you need more sp	pace, write in the "Rema	orks" section.)
In this job, did y	ou:	Use machines, to	ols or equipm	ent?	res No
		Use technical kno	_	<u> </u>	res NO
		Do any writing, or perform duties		rts,	/ES NO
In this job , how	many to	tal hours each day	did you:		
Walk?			Kneel? (Be	end legs to rest on knee	s.)
Stand?				Bend legs & back down	
Sit? Climb?			·	<i>love on hands & knees.,</i> rab or grasp big ob	
Stoop? (Bend do	 vn and forwa	rd at waist.)		iab or grasp big ob	
•		· <u></u>	_	oe or handle small o	objects?
Lifting and Carr	ying <i>(Exp</i>	lain what you lifted, ho	ow far you carried	d it, and how often	you did this.)
Check the heav	_	-		- 1	—
Less than	10 lbs _	10 lbs 20 lbs	50 lbs	100 lbs. or more	e Other
Check weight y	ou frequ e	ently lifted: <i>(By freq</i>	uently, we mean	from 1/3 to 2/3 o	f the workday.)
Less than	10 lbs	10 lbs	50 lbs. or r	more Other	
Did you supervi	se other	people in this job?	YES (Comple	ete items below.)	NO (Skip to next page.)
How many p	eople did	d you supervise? _			
What part of	f your tin	ne was spent supei	vising people?	?	
Did you hire	and fire	employees?	YES		NO
Were you a lead	d worker?	•	YES		NO

Give us more information about Job No. 4 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 4					
Rate of Pay	Per <i>(Check One)</i>	Month Year	Hours per day	Days per week	
Describe this job. What	t did you do all day?	(If you need more sp	ace, write in the"Rema	arks" section.)	
In this job, did you:	Use machines, to	ols or equipmo	ent?	res No	
	Use technical kno	_		res	
	Do any writing, c or perform duties		ts,\	res No	
In this job, how many t	total hours each day	did you:			
Walk?		Kneel? (Be	nd legs to rest on knee	s.)	
Stand?			Bend legs & back down		
Sit? Climb?		•	ove on hands & knees., rab or grasp big ob		
Stoop? (Bend down and forv	vard at waist.)	Reach?			
•			e or handle small o	objects?	
Lifting and Carrying (Ex	plain what you lifted, ho	w far you carried	d it, and how often	you did this.)	
Check the heaviest we	ight lifted:				
	10 lbs 20 lbs	50 lbs] 100 lbs. or more	Other	
Check weight you frequency	uently lifted: (By frequ	uently, we mean	from 1/3 to 2/3 o	f the workday.)	
Less than 10 lbs	10 lbs 25 lbs	50 lbs. or r	more Other		
Did you supervise othe How many people d		YES (Comple	te items below.)	NO (Skip to next page.)	
What part of your ti	ime was spent super	vising people?			
Did you hire and fire	e employees?	YES		NO	
Were you a lead worke	r?	YES		NO	

Give us more information about Job No. 5 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO.	5				
Rate of Pay	Hour	Per <i>(Check One)</i>	Month Year	Hours per day	Days per week
Describe this jol	b. What	did you do all day?	(If you need more sp	pace, write in the "Rema	orks" section.)
In this job, did y	ou:	Use machines, to	ools or equipm	ent?	res No
		Use technical kno	_	_	res NO
		Do any writing, or perform duties		rts,	/ES NO
In this job , how	many to	tal hours each day	did you:		
Walk?			Kneel? (Be	end legs to rest on knee	s.)
Stand?				Bend legs & back down	
Sit?			•	love on hands & knees.,	
Climb? Stoop? (Bend dov	 vn and forwa	rd at waist.)		rab or grasp big ob	jects?
2100p. (20/14 uc.)	.,, .,, .,,	<u> </u>	_	oe or handle small o	objects?
Lifting and Carr	ying <i>(Expi</i>	ain what you lifted, ho	ow far you carried	d it, and how often	you did this.)
Check the heav	_	- 		7	
Less than	10 lbs	10 lbs 20 lbs	50 lbs	100 lbs. or more	e Other
Check weight y	ou frequ e	ently lifted: (By free	quently, we mean	from 1/3 to 2/3 o	f the workday.)
Less than	10 lbs	10 lbs 25 lbs	50 lbs. or i	more Other	
		people in this job? I you supervise? _	YES (Comple	ete items below.)	NO (Skip to next page.)
What part of	your tim	ne was spent supe	rvising people?	?	
Did you hire	and fire	employees?	YES		NO
Were you a lead	d worker?		YES		NO

Give us more information about Job No. 6 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 6				
Rate of Pay \$ Hour	Per (Check One)	Month Year	Hours per day	Days per week
Describe this job. What	did you do all day? #	f you need more sp	ace, write in the"Rema	rks" section.)
In this job, did you:	Use machines, too		<u>—</u>	∕ES □ NO
	Use technical known Do any writing, co or perform duties l	mplete repor		∕ES ∐ NO ∕ES ∏ NO
In this job , how many t	otal hours each day o	lid you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and forw		Crouch? (E Crawl? (Mo Handle, gr Reach? Write, typ	e or handle small o	& forward.) jects?
Check the heaviest wei	ght lifted: 10 lbs	50 lbs] 100 lbs. or more	Other
Check weight you frequ	uently lifted: (By frequ	ently, we mean	from 1/3 to 2/3 o	f the workday.)
Less than 10 lbs	10 lbs	50 lbs. or n	nore Other	
Did you supervise other How many people d		YES (Complet	te items below.)	NO (Skip to next page.)
What part of your ti	me was spent superv	ising people?		
Did you hire and fire	employees?	YES		NO
Were you a lead worker	r?	YES		NO

SECTION	3 - REMARKS	
ANYONE MAKING A FALSE STATEMENT OF USE IN DETERMINING A RIGHT TO PACOMMITS A CRIME PUNISHABLE UNDER	AYMENT UNDER THE FEDERAL LAW.	SOCIAL SECURITY ACT
Signature of claimant or person filing on claimant's	behalf (parent, guardian)	Date (Month, day, year)
Witnesses are required ONLY if this statement has l two witnesses to the signing who know the person full addresses.		
1. Signature of Witness	2. Signature of Witness	
Address (Number and street, city, state, and ZIP code)	Address (Number and stree	t, city, state, and ZIP code)