## 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. Then call the phone number provided on the letter sent with the form or the phone number of the person who asked you to complete the form for help to 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.
- A reference to "you," "your," or "the Disabled Person," or "claimant" means the person who is applying for disability benefits. If you are filling out the form for someone else, provide information about him or her.
- ANSWER ALL OF THE QUESTIONS FOR EACH JOB YOU DESCRIBE. If you do not know the answer or the answer is "none" or "does not apply," please write "don't know" or "none" or "does not apply."
- 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 jobs you did in the 15 years before you became unable to work because of your illnesses, injuries, or conditions. There is a separate page to describe each different job.

REMEMBER TO GIVE US THE NAME AND ADDRESS OF THE PERSON COMPLETING THIS FORM 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 named 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 Government Accountability 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.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 1 hour to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213.** Send <u>only</u> comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

## **WORK HISTORY REPORT**

WORKTHOTOKT				
For SSA Use C				
Do not write in thi	S DOX.			
SECTION 1 - INFORMATION ABOU	T THE DISABLED PERSON			
A. Name (First, Middle Initial, Last)	B. SOCIAL SECURITY NUMBER			
, ,				
O DAYTIME TELEBUIONE MUMBED ::				
C. DAYTIME TELEPHONE NUMBER (If you have no	o number where you can be reached, give us a			
daytime number where we can leave a message for you.)				
( ) – Your Nur	mber 🔲 Message Number 🔲 None			
Area Code Phone Number				
SECTION 2 - INFORMATION ABOUT YOUR WORK				

List all the jobs that you have had in the 15 years before you became unable to work because of your illnesses, injuries, or conditions.

Job Title	Type of Business	Dates Worked (Month & Year)		
		From	То	
1.				
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> our Day Week	Month	Hours per day	Days per week			
Describe this job. Wh	Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)						
In this job, did you:	Use machines, to Use technical kno Do any writing, co perform duties lik	owledge or skills omplete reports	s? 🔲 \	YES NO YES NO			
In <b>this job</b> , how many	y total hours each day o	did you:					
Walk? Stand? Sit? Climb? Stoop?(Bend down an	d forward at waist) Explain what you lifted, how	Crouch? (Be Crawl? (Mo Handle, gra Reach? Write, type	and legs to rest on kreend legs & back down ove on hands & kneed by or grasp big objection or handle small objection and how often you of	es) ects?			
Check the <b>heaviest</b> v	veight lifted:						
Less than 10 lbs	☐ 10 lbs ☐ 20 lbs	□ 50 lbs □	100 lbs. or more	Other			
Check weight you fre	quently lifted: (By frequ	ently, we mean fro	m 1/3 to 2/3 of the	workday.)			
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs. or me	ore				
What part of your	did you supervise?	YES (Comple items.) sing people?	te the next 3	NO (Skip to the last question on this page.)			
Did you hire and f	ire employees?	YES		NO			
Were you a lead worker? ☐ 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	Hou	Per <i>(Checl</i>	k One)	Month	Hours per da	Days per week	
Describe this job. What did you do all day? (If you need more space, write in the"Remarks" section.)							
In this job, did yo	ou:	Use te	chnical kno	ols or equipment wledge or skills mplete reports ethis?	s?	YES NO YES NO	
In <b>this job</b> , how	many	total hours	each day d	id you:			
Walk? Stand? Sit? Climb? Stoop? (Bend de				Crouch? (E Crawl? (M Handle, gra Reach? Write, type	love on hands & lb or grasp big ol or handle small o	c down & forward) knees) pjects? pbjects?	
Check the <b>heav</b> Less than 1		eight lifted:	☐ 20 lbs	□ 50 lbs □	100 lbs. or mo	ore	
Check weight yo	ou <b>frea</b>	— u <b>ently</b> lifte	d· (By freque	ently we mean fro	– om 1/3 to 2/3 of t	he workday )	
Less than 1	-	10 lbs	25 lbs	50 lbs. or m	_	• ,	
Did you supervis How many p		•	-	YES (Comple items.)	ete the next 3	NO (Skip to the last question on this page.)	
What part of	your tii	me was spe	ent supervis	sing people?			
Did you hire	and fire	e employee	s?	☐ YES		□ NO	
Were you a lead worker? ☐ YES ☐ NO					■ 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	Per <i>(Check One)</i> ur Day Week	Month	Hours per day	Days per week		
Describe this job. Wha	at did you do all day? (If	you need more s	pace, write in the"R	emarks" section.)		
In this job, did you:	Use machines, too	ols or equipmer	nt?	'ES NO		
	Use technical kno	wledge or skills	s? 🔲 \	'ES 🔲 NO		
	Do any writing, co perform duties like		, or	∕ES □ NO		
In <b>this job</b> , how many	total hours each day d	id you:				
Walk? Stand? Sit? Climb? Stoop? (Bend down and	l forward at waist)	Crouch? (Be Crawl? (Mo Handle, gra Reach?	nd legs to rest on ki end legs & back do ove on hands & kne b or grasp big object or handle small obje	wn & forward)es)cts?		
Lifting and Carrying (E	explain what you lifted, how i	far you carried it, a	and how often you o	did this.)		
Check the <b>heaviest</b> w	eight lifted:	□ 50 lbs □	100 lbs. or more	☐ Other		
_			-			
_	quently lifted: (By freque	_	_	workday.)		
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs. or mo	ore			
Did you supervise other How many people	er people in this job? did you supervise? _	YES (Comple items.)	ete the next 3	NO (Skip to the last question on this page.)		
What part of your t	ime was spent supervis	sing people?				
Did you hire and fir	re employees?	☐ YES		NO		
Were you a lead worker? □ YES □ NO				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 o</i>	O <i>ne)</i> Week ☐ Mont	h 🔲 Year	Hours per da	y Days per week		
Describe this job.	Describe this job. What did you do all day? (If you need more space, write in the"Remarks" section.)						
In this job, did you	Use tech Do any v	chines, tools of nnical knowled writing, comple duties like this	ge or skills ete reports	s?	YES NO YES NO		
In <b>this job</b> , how m	any total hours ea	ach day did yo	u:				
Walk? Kneel? (Bend legs to rest on knees) Stand? Crouch? (Bend legs & back down & forward) Sit? Crawl? (Move on hands & knees) Handle, grab or grasp big objects? Stoop? (Bend down and forward at waist) Reach? Write, type or handle small objects?  Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)							
Check the heavies		☐ 20 lbs ☐	50 lbs	100 lbs. or mor	e 🔲 Other		
_							
Check weight you <b>frequently</b> lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)  Less than 10 lbs							
•	Did you supervise other people in this job?  How many people did you supervise?  YES (Complete the next 3 items.)  NO (Skip to the last question on this page.)						
What part of yo	our time was spen	t supervising <sub>l</sub>	people?				
Did you hire an	d fire employees	? 🗖	☐ YES ☐		NO		
Were you a lead worker? ☐ YES ☐ NO				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	Per <i>(Check One)</i> ur Day Week	Month	Hours per day	Days per week			
Describe this job. Wha	Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)						
In this job, did you:	Use machines, too Use technical kno Do any writing, co perform duties like	wledge or skills mplete reports	s? 🔲 \	YES NO YES NO			
In this job, how many	total hours each day d	id you:					
Walk? Stand? Sit? Climb? Stoop? (Bend down and	d forward at waist)  Explain what you lifted, how	Crouch? (B Crawl? (Me Handle, gra Reach? Write, type o	nd legs to rest on kend legs & back do ove on hands & kneb or grasp big objector handle small objector handle	wn & forward)ees)ets?			
Check the <b>heaviest</b> w	eight lifted:	□ 50 lbs □	100 lbs. or more	☐ Other			
_							
Less than 10 lbs	<b>quently</b> lifted: <i>(By freque</i>	50 lbs. or me	_				
Did you supervise other How many people		YES (Compler items.)	te the next 3	NO (Skip to the last question on this page.)			
What part of your t	ime was spent supervis	sing people?					
Did you hire and fir	e employees?	YES		NO			
Were you a lead 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	_ ′	lonth	Hours per da	Days per week	
Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)							
In this job, did yo	ou:	Use ted	chnical know	s or equipmer rledge or skills aplete reports, this?	s? [	YES NO YES NO	
In <b>this job</b> , how	many to	tal hours	each day dic	l you:			
Walk? Stand? Crouch? (Bend legs to rest on knees) Crouch? (Bend legs & back down & forward) Crawl? (Move on hands & knees) Handle, grab or grasp big objects? Stoop? (Bend down and forward at waist) Reach? Write, type or handle small objects?  Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)							
			,			,	
Check the <b>heav</b>		_	□ 20 lbo	□ 50 lbo □	100 lba or ma	ro. D Othor	
Less than 10 lbs							
Less than 1	0 lbs	☐ 10 lbs	☐ 25 lbs	50 lbs. or mo	ore	er	
	Did you supervise other people in this job?  How many people did you supervise?  TES (Complete the next 3 items.)  NO (Skip to the last question on this page.)						
What part of	your tim	e was spe	ent supervisi	ng people?			
Did you hire and fire employees?				YES	1	■ NO	
Were you a lead	Were you a lead worker? □ YES □ NO						

# **SECTION 3 - REMARKS** Use this section to add any information you did not have space for in other parts of the form. Show the page number of the part you are continuing. BE SURE TO COMPLETE THE BOTTOM OF THIS PAGE. Name of person completing this form (Please print) Date (Month, day, year) Address (Number and Street) Email address (optional)

State

City

Zip Code