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 THE STATE AGENCY THAT REQUESTED IT.** If you have questions about how to complete the form, contact the State Agency that requested it. If you need the address or phone number for your State Agency, you can get it by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

WORK HISTORY REPORT

For SSA Use C Do not write in thi					
SECTION 1 - INFORMATION ABOU	IT THE DISABLED PERSON				
A. Name (First, Middle Initial, Last)	st, Middle Initial, Last) B. SOCIAL SECURITY NUMBER				
C. DAYTIME TELEPHONE NUMBER (If you have n daytime number where we can leave a message for you.)	o number where you can be reached, give us a				
() – Your Nui	mber				
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	
		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	_ `	heck One) Week	Month	Hours per day	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 you:	Use te Do an	chnical kno	ols or equipme wledge or skill implete reports e this?	s?	YES NO YES NO YES NO	
In this job, how ma	any total hours	each day d	id you:			
Walk? Stand? Sit? Climb? Stoop? (Bend down			Crouch? (<i>B</i> Crawl? (<i>M</i> Handle, gra Reach? Write, type	nd legs to rest on kend legs & back door on hands & kneab or grasp big objection or handle small objection how often you	ees) ects?	
Check the heavies	t weight lifted:					
Less than 10 lb	s 🔲 10 lbs	20 lbs	50 lbs	100 lbs. or more	Other	
Check weight you f	requently lifte	d: <i>(By freque</i>	ently, we mean fro	om 1/3 to 2/3 of the	workday.)	
Less than 10 lb	s 🔲 10 lbs	25 lbs	50 lbs. or m	ore		
Did you supervise of How many peop What part of you	ole did you sup ur time was spo	ervise? _	YES (Comple items.) Sing people?	ete the next 3	NO (Skip to the last question on this page.)	
Did you hire and	d fire employee	es?	YES		NO	
Were you a lead wo	orker?		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>(Checi</i> r Day	k One) Week	Month	Hours per da	Days per week
Describe this job	o. What	did you do	all day? (#)	/ou need more space	, write in the"Remark	rs" section.)
In this job, did yo	ou:	Use te	chnical know	ols or equipment wledge or skills mplete reports ethis?	s? [YES NO YES NO
In this job , how	many t	total hours	each day di	d you:		
Walk? Stand? Sit? Climb? Stoop? (Bend d		forward at w		Crouch? (E Crawl? (M Handle, gra Reach? Write, type	love on hands & b or grasp big ol	knees) pjects?
Check the heav Less than 1		eight lifted:	20 lbs	50 lbs	100 lbs. or mo	re
Check weight yo	ou freq i	u ently lifted	d: <i>(By freque</i>	ntly, we mean fro	m 1/3 to 2/3 of t	he workday.)
Less than 1	0 lbs	□ 10 lbs	25 lbs	☐ 50 lbs. or m	ore	er
Did you supervis How many p		•	•	YES (Comple items.)	te the next 3	NO (Skip to the last question on this page.)
What part of	your tir	ne was spe	ent supervis	ing people?		
Did you hire	and fire	employee	s?	YES		□ NO
Were you a lead	d worke	r?		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	Per <i>(Check One)</i> ur Day Week	Month	Hours per day	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 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	I forward at waist) Explain what you lifted, how i	Crouch? (Be Crawl? (Mo Handle, gra Reach? Write, type	and legs to rest on killend legs & back do bove on hands & kneb or grasp big objector handle small objectors.	wn & forward)es) cts?	
	xpiain what you inted, now i	ar you carried it, e	and now onen you	au una.)	
Check the heaviest w	eight lifted:				
Less than 10 lbs	☐ 10 lbs ☐ 20 lbs	□ 50 lbs □	100 lbs. or more	Other	
Check weight you free	quently lifted: (By freque	ently, we mean fro	m 1/3 to 2/3 of the	workday.)	
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs. or mo	ore		
Did you supervise other How many people		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	e employees?	YES		NO	
Were you a lead work	er?	☐ 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	☐ Hou	Per <i>(Checi</i>	k One) Week	Month	Hours per da	y Days per week
Describe this job	o. What	did you do	all day? (If	you need more s _i	pace, write in the	"Remarks" section.)
In this job, did yo	ou:	Use te	chnical kno	ols or equipmer wledge or skills implete reports e this?	s?	YES NO YES NO
In this job , how	many t	otal hours	each day d	id you:		
Walk? Stand? Sit? Climb? Stoop? (Bend do				Crouch? (Backer) (Bac	nd legs to rest or end legs & back ove on hands & k b or grasp big ob or handle small o	down & forward) nees) jects? bjects?
Check the heav		ight lifted:	20 lbs	50 lbs	100 lbs. or mo	re 🔲 Other
_		_	_		-	
Check weight your Less than 1	-	Jently lifted 10 lbs	d: <i>(By freque</i>	ently, we mean fro	_	• •
Did you supervis		•	•	YES (Comple items.)	te the next 3	NO (Skip to the last question on this page.)
What part of	your tin	ne was spe	ent supervis	sing people?		
Did you hire	and fire	employee	s?	YES	1	NO
Were you a lead	d worke	r?		YES	I	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>		Hours per day	Days per week
Describe this job. W	/hat did you do all d	ay? (If you need more space,	, write in the"Remarks" s	section.)
In this job, did you:	Use technic Do any writi	es, tools or equipmer al knowledge or skills ng, complete reports ies like this?	s? • \bigsim \cdot	YES NO YES NO
In this job , how ma	ny total hours each	day did you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down	and forward at waist)	Crouch? <i>(B</i> Crawl? <i>(M</i> Handle, gra Reach?	end legs to rest on kelend legs & back do ove on hands & kne b or grasp big object or handle small obje	ees) cts?
Lifting and Carrying	(Explain what you lifte	d, how far you carried it, a	and how often you o	did this.)
Check the heaviest	weight lifted:			
Less than 10 lbs	10 lbs	20 lbs	100 lbs. or more	Other
Check weight you fr	requently lifted: (B)	/ frequently, we mean fro	m 1/3 to 2/3 of the	workday.)
Less than 10 lbs	10 lbs 2	25 lbs	ore	
Did you supervise o How many peop	ther people in this j le did you supervise	items.)	te the next 3	NO (Skip to the last question on this page.)
What part of you	r time was spent su	pervising people?		
Did you hire and	fire employees?	☐ YES		NO
Were you a lead wo	rker?	☐ 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	Per <i>(Check One)</i> ur Day Week	■ Month ■ Year	Hours per day	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 you:	Use machines, t	ools or equipmer	nt?	′ES □ NO	
		nowledge or skills complete reports ike this?		'ES □ NO 'ES □ NO	
In this job , how many	total hours each day	did you:			
Walk? Stand? Sit? Climb? Stoop? (Bend down and	forward at waist)	Crouch? (<i>B</i> i Crawl? (<i>Mi</i> Handle, gra Reach?	nd legs to rest on kiend legs & back do ove on hands & kne b or grasp big object or handle small obje	wn & forward)es) ets?	
Lifting and Carrying (E.	xplain what you lifted, ho	w far you carried it, a	and how often you o	did this.)	
Check the heaviest we	eight lifted:	s □ 50 lbs □	100 lbs. or more	Other	
Check weight you freq	uently lifted: (By freq	_	_	workday.)	
Did you supervise other	er people in this job?	YES (Complete titems.)		NO (Skip to the last question on this page.)	
Did you hire and fir		YES		NO	
Were you a lead worke		☐ 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 if other than the disabled person (Please print)	Date		
Address (Number and Street)	Email address (optional)		
City	State	ZIP Code	
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