

**CLAIMANT'S WORK BACKGROUND**

**A. To be completed by Hearing Office**

(Claimant and Social Security Number)	(Wage Earner and Social Security number) (Leave blank if same as claimant)	The last time we brought your case up-to-date was:
---------------------------------------	---	--

**B. To be completed by the claimant**

**PLEASE PRINT**

Start with your most recent job, and list that and any work performed within the past 15 years.

DATES OF EMPLOYMENT (APPROXIMATELY)	NAME OF EMPLOYER AND LOCATION OF EMPLOYMENT	DUTIES PERFORMED
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

## PRIVACY ACT AND PAPERWORK ACT NOTICE

### Privacy Act Statement Claimant's Work Background Collection and Use of Personal Information

Sections 205(a), 702, 1631 (e)(1)(A) and (B) and 1869(b)(1)(C) of the Social Security Act, as amended, [42 U.S.C. 405(a), 901, 1383(e)(1)(A) and (B) and 1395ff (b)(1)(C)] authorize us to collect the information. We will use the information you provide to help us determine your potential eligibility for benefit payments. Your response is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Supplemental Security Income Record and Special Veterans Benefits, 60-0103; Claims Folder System, 60-0089; and Electronic Disability (eDIB) Claims File, 60-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995 . You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0300. We estimate that it will take 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to:*** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.