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 Statement Collection and Use of Personal Information

Sections 205(a), 223(d), and 1631(e)(1) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide on this form to make a decision on the named claimant's claim.

Completion of this form is voluntary; however, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim.

We rarely use the information you supply for any purpose other than for determining continuing eligibility. 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, which include but are not limited to the following:

- 1. To enable a third party or an 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 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 Social Security programs.

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. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information are available in our System of Records Notices entitled, Claims Folders Systems (60-0089) and the Master Beneficiary Record (60-0090). These notices, additional information regarding this form, routine uses of information, and our programs and systems are available on-line at www.socialsecurity.gov or at your local 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 <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.

WORK HISTORY REPORT

For SSA Use Only Do not write in this box.						
Do not write in this box.						
SECTION 1 - INFORMATION	I ABOUT THE DISABLE	D PERSON				
A. NAME (First, Middle Initial, Last)	B. SOCIAL SECURIT					
C. DAYTIME TELEPHONE NUMBER (If you daytime number where we can leave a message for		an be reached, g	give us a			
() – — — — — — — — — — — — — — — — — — —	Your Number	Number []	None			
SECTION 2 - INFORM	ATION ABOUT YOUR W	ORK				
List all the jobs that you have had in the 15 of your illnesses, injuries, or conditions.	years before you became	unable to wo	rk because			
Job Title	Type of Pusiness	Dotos	Worked			
Job Title	Type of Business	Dates	vvorkeu			
		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 (Check One)	Month Year	Hours per day	Days per week
Describe this job. What	did you do all day? (If	you need more space, w	rite in the"Remarks" sec	etion.)
In this islandid your	Lloo machinas tas		+2	
In this job, did you:	Use machines, too		<u>—</u>	
	Use technical kno Do any writing, co perform duties like	mplete reports, o		
In this job , how many t	otal hours each day d	id you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and f	orward at waist)	Crouch? (Ber Crawl? (Move Handle, grab, Reach?	I legs to rest on knew and legs & back down e on hands & knees, or grasp big objects handle small object	n & forward) n) ?
Lifting and Carrying (Exp	olain what you lifted, how t	ar you carried it, an	d how often you did	I this.)
Check the heaviest we	ight lifted:			
Less than 10 lbs	10 lbs 20 lbs	50 lbs	100 lbs. or more	Other
Check weight you frequ	uently lifted: (By freque	ntly, we mean from	1/3 to 2/3 of the wo	rkday.)
Less than 10 lbs	10 lbs 25 lbs	50 lbs. or more	e Other	
Did you supervise other How many people di		YES (Complete titems.)	the next 3 NO	(Skip to the last question on this page.)
What part of your tin	ne was spent supervis	ing people?		
Did you hire and fire	employees?	YES		D
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	Hour	Per (Check One) Day Week	Month Year	Hours per day	Days per week
Describe this job	o. What did y	you do all day? (lf you need more space, м	rite in the"Remarks" sec	ction.)
In this job, did yo	l E	Jse technical kno Do any writing, co	ools, or equipment owledge or skills? omplete reports, o	YE	S NO
In this job , how		erform duties lik			
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 heav	iest weight l	ifted:			
Less than 10 lbs 10 lbs 20 lbs 50 lbs 100 lbs. or more Other					
Check weight you frequently lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)					
Less than 10 lbs					
Did you supervis How many p	·	ple in this job? ou supervise?	YES (Complete items.)	the next 3 N	O (Skip to the last question on this page.)
What part of	your time w	as spent supervi	sing people?		
Did you hire	and fire emp	oloyees?	YES	N	0
Were you a lead	d worker?		YES	N	0

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> Hour Day Week	Month Year	Hours per day	Days per week
Describe this job.	What did you do all day? (If	you need more space, w	rrite in the"Remarks" sec	tion.)
			40	
In this job, did you	u: Use machines, to Use technical kno Do any writing, co perform duties like	wledge or skills? mplete reports, o	YES	
In this job , how r	nany total hours each day d	id you:		
Walk? Kneel? (Bend legs to rest on knees) Stand? Crouch? (Bend legs & back down & forward) Sit? Kneel? (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.)				
	ng (Explain mat you mod, non	ar you ournou it, arr	a now onon you are	
Check the heavie	est weight lifted:			
Less than 10	lbs	50 lbs	100 lbs. or more	Other
Check weight you	u frequently lifted: (By freque	ntly, we mean from	1/3 to 2/3 of the wo	rkday.)
Less than 10	lbs	50 lbs. or more	Other	
	e other people in this job? ople did you supervise?	YES (Complete titems.)	the next 3 NO	(Skip to the last question on this page.)
What part of y	our time was spent supervis	sing people?		
Did you hire a	nd fire employees?	YES		
Were you a lead	worker?	YES	□ NO	D

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 (Check One) our Day Week	Month Year	Hours per day	Days per week	
Describe this job. Wha	at did you do all day? (#	you need more space, v	write in the"Remarks" sec	tion.)	
In this job, did you:	Use machines, to Use technical kno Do any writing, co perform duties like	owledge or skills' omplete reports,	? YES	□ NO	
In this job, how many	total hours each day d	id you:			
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 (E	Explain what you lifted, how	far you carried it, ar	nd how often you dia	this.)	
Check the heaviest w			400 lbs. or more	Othor	
Less than 10 lbs	10 lbs 20 lbs	50 lbs	100 lbs. or more	Other	
Check weight you free	quently lifted: (By freque	ntly, we mean from	1/3 to 2/3 of the wor	rkday.)	
Less than 10 lbs	10 lbs 25 lbs	50 lbs. or mor	e Other		
Did you supervise oth How many people	er people in this job? did you supervise?	YES (Complete items.)	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 fi	re employees?	YES			
Were you a lead work	er?	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	Per (Check One) Hour Day Week	Month Year	Hours per day	Days per week
Describe this job. Wh	nat did you do all day? (If you need more space,	write in the"Remarks" sec	ction.)
In this job, did you:	Use machines, to	ools, or equipme	nt?	□ NO
	Use technical know	owledge or skills	? YES	□ NO
	Do any writing, con perform duties like		or YES	□ NO
In this job, how man	y total hours each day	did you:		
Walk? Stand? Crouch? (Bend legs to rest on knees) Crouch? (Bend legs & back down & forward) Crouch? (Move on hands & knees) Climb? 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, a	nd how often you did	f this.)
Check the heaviest	weight lifted:			
Less than 10 lbs	10 lbs 20 lbs	50 lbs	100 lbs. or more	Other
Check weight you fre	equently lifted: (By freque	ently, we mean from	n 1/3 to 2/3 of the wo	rkday.)
Less than 10 lbs	10 lbs 25 lbs	50 lbs. or mor	re Other	
	her people in this job? e did you supervise?	YES (Complete items.)	e the next 3 NO	O (Skip to the last question on this page.)
What part of your	time was spent supervi	sing people?		
Did you hire and t	fire employees?	YES		0
Were you a lead wor	ker?	YES	□ No	0

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 (Check One) Hour Day Week	Month Year	Hours per day	Days per week
Describe this job. Wh	at did you do all day? (h	f you need more space, w	rite in the"Remarks" sec	tion.)
In this job, did you:	Use machines, to		<u>—</u>	
	Use technical kno Do any writing, co perform duties lik	omplete reports, o		
In this job, how many	y total hours each day o	lid you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and	nd forward at waist)	Crouch? (Ber Crawl? (Move Handle, grab, Reach?	I legs to rest on kneed legs & back down e on hands & knees) or grasp big objects handle small object	2 & forward) 2
Lifting and Carrying (Explain what you lifted, how	far you carried it, and	d how often you did	this.)
Check the heaviest 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 freque	ently, we mean from	1/3 to 2/3 of the wor	rkday.)
Less than 10 lbs	10 lbs 25 lbs	50 lbs. or more	Other	
	ner people in this job? did you supervise?	YES (Complete titems.)	he next 3 NC	(Skip to the last question on this page.)
What part of your	time was spent supervis	sing people?		
Did you hire and f	ire employees?	YES		
Were you a lead work	ker?	YES	□ NC)

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 **Date** person (Please print) Address (Number and Street) Email address (optional) ZIP Code City State