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.

PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM.

WORK HISTORY REPORT

For SSA Use Only Do not write in this box.						
SECTION 1 - INFORMATION						
A. NAME (First, Middle Initial, Last)	B. SOCIAL SECURIT	Y NUMBER				
	-	_				
C. DAYTIME TELEPHONE NUMBER (If you daytime number where we can leave a message for		n be reached, g	iive us a			
() – — — — — — — — — — — — — — — — — — —	Your Number	Number 🔲 🏻	None			
SECTION 2 - INFORMA	ATION ABOUT YOUR WO	DRK				
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 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	Per (Check One) r 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	rite in the"Remarks" sec	tion.)
	. Lloo moodhin oo Ao		+O	
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 to	otal hours each day d	id you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and for	orward at waist)	Crouch? (Ber Crawl? (Move Handle, grab, Reach?	I legs to rest on kneed legs & back down to hands & knees) or grasp big objects handle small object	n & forward)) ?
Lifting and Carrying (Exp	olain what you lifted, how t	ar you carried it, an	d how often you did	I this.)
	1.110			
Check the heaviest wei			400 !!	
Less than 10 lbs	10 lbs 20 lbs	50 lbs	100 lbs. or more	Other
Check weight you frequency	ently 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 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 tim	ne was spent supervis	ing people?		
Did you hire and fire	employees?	YES)
Were you a lead worker	?	YES)

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. What d	id you do all day? ம	you need more space, w	rite in the"Remarks" sec	tion.)
In this job, did you:	Use machines, to	ols, or equipment	<u>'</u> ? ☐ YE	S NO
	Use technical kno	wledge or skills?	☐ YE	S NO
	Do any writing, co perform duties like	•	or YE	S NO
In this job , how many tot	al hours each day d	lid you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and form	, <u></u>	Crouch? (Ben Crawl? (Move Handle, grab, (Reach? Write, type, or	legs to rest on kneed legs & back down on hands & knees) or grasp big objects handle small object d how often you did	?
Check the heaviest weig	ht lifted:			
Less than 10 lbs	10 lbs 20 lbs	50 lbs 1	100 lbs. or more	Other
Check weight you freque	ntly lifted: (By freque	ntly, we mean from	1/3 to 2/3 of the wo	rkday.)
Less than 10 lbs] 10 lbs	50 lbs. or more	Other	
Did you supervise other p How many people did	•	YES (Complete items.)	the next 3 No	(Skip to the last question on this page.)
What part of your time	was spent supervi	sing people?		
Did you hire and fire e	employees?	YES	□ N	0
Were you a lead 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? (#	you need more space, v	vrite in the"Remarks" sec	tion.)
In this job, did yo	u: Use machines, to Use technical kno Do any writing, co	wledge or skills?	? TES	
	perform duties like		01123	
In this job , how r	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) Write, type, or handle small objects?				
Lifting and Carryi	ng (Explain what you lifted, how	far you carried it, an	nd how often you did	this.)
Check the heavi	est weight lifted:			
Less than 10	lbs	50 lbs	100 lbs. or more	Other
Check weight you	ı frequently lifted: (By freque	ntly, we mean from	1/3 to 2/3 of the wor	rkday.)
Less than 10	lbs	50 lbs. or more	e Other	
	e other people in this job? ople did you supervise?	YES (Complete items.)	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)

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> our	Month Year	Hours per day	Days per week
Describe this job. Wh	at did you do all day? (/	f you need more space,	write in the"Remarks" sec	tion.)
In this job, did you:	Use machines, to Use technical kno Do any writing, co	owledge or skills	?YES	□ NO
	perform duties lik			
In this job , how many	y total hours each day o	did you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down an	d forward at waist)	Crouch? (Be Crawl? (Mov Handle, grab Reach?	nd legs to rest on kneed legs & back down we on hands & knees, or grasp big objects or handle small objects	n & forward)) ?
Lifting and Carrying (I	Explain what you lifted, how	far you carried it, a	nd how often you did	this.)
Check the heaviest v			100 lbo or more	Other
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 mor	re Other	
Did you supervise oth How many people	ner people in this job? did you supervise? _	YES (Complete items.)	e the next 3 NO	(Skip to the last question on this page.)
What part of your	time was spent supervi	sing people?		
Did you hire and fi	re employees?	YES)
Were you a lead work	ker?	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)		Hours per day	Days per week
\$	Hour Day Week	Month Year		
Describe this job. V	/hat did you do all day?	(If you need more space, v	write in the"Remarks" sec	ition.)
In this job, did you:	Use machines, t	ools, or equipmer	nt?	□ NO
	Use technical kr	nowledge or skills	? TES	☐ NO
	Do any writing, operform duties li	complete reports, ke this?	or YES	□ NO
In this job , how ma	ny total hours each day	did you:		
Walk? Stand? Crouch? (Bend legs to rest on knees) Sit? Crawl? (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, hou	v far you carried it, ar	nd how often you dia	this.)
Check the heavies	t weight lifted:			
Less than 10 lbs		☐ 50 lbs	100 lbs. or more	Other
_	requently lifted: (By frequ			rkday.)
Less than 10 lbs	3	50 lbs. or mor	e	<u></u>
• .	other people in this job? le did you supervise?	YES (Complete items.)	the next 3 No	(Skip to the last question on this page.)
What part of you	ır time was spent super\	vising people?		
	I fire employees?	□ YES		0
Were you a lead wo	, ,	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 (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, w	rite in the"Remarks" sec	tion.)
In this job, did you:	Use machines, to Use technical kno	• •	<u> </u>	NO □ NO
	Do any writing, co	omplete reports, o		□ NO
In this job , how many	total hours each day o	lid you:		
Walk? Stand? Sit? 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 (E	xplain what you lifted, how	far you carried it, an	d how often you did	this.)
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	ntly, we mean from	1/3 to 2/3 of the wor	rkday.)
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs. or more	e Other	
Did you supervise other How many people		YES (Complete items.)	the next 3 NO	(Skip to the last question on this page.)
What part of your to	me was spent supervis	sing people?		
Did you hire and fir	e employees?	YES		
Were you a lead work	er?	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 **Date** person (Please print) Address (Number and Street) Email address (optional) City State **ZIP Code**