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							
For SSA Use 0 Do not write in th							
SECTION 1 - INFORMATION ABOU	IT THE DISABLED DERSON						
A. Name (First, Middle Initial, Last)	B. SOCIAL SECURITY NUMBER						
C. DAYTIME TELEPHONE NUMBER (If you have no daytime number where we can leave a message for you.)	o number where you can be reached, give us a						
() - Tour Number Your Number	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 (Month & Year)			
		From	То		
1.					
2.	-				
3.	-				
4.			-		
5.					
6.					
7.	-				
8.			_		
9.					
10.					
Form CCA 2260 DV /4 0005)			DAGE 1		

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> 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, write in the "Remarks" section.)										
-				-						
In this job, did you: Use machines, tools or equipment? Use technical knowledge or skills? Do any writing, complete reports, or perform duties like this?										
In this job, how man	y total hours each day	did you:								
Walk? Stand? Sit? Climb? Stoop?(Bend down ar	nd forward at waist) Explain what you lifted, how	Crouch? (<i>Be</i> Crawl? (<i>Me</i> Handle, gra Reach? Write, type	nd legs to rest on kneed legs & back down ove on hands & kneed both or grasp big objection or handle small objection and how often you of	vn & forward) es) cts? ects?						
Check the heaviest v	weight lifted:	□ 50 lbs □	100 lbs. or more	Other						
Check weight you fre	equently lifted: (By frequ	uently, we mean fro	m 1/3 to 2/3 of the v	vorkday.)						
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	☐ 50 lbs. or m	ore							
How many people	ner people in this job? did you supervise? time was spent superv	YES (Comple items.) ising people?	ete the next 3	NO (Skip to the last question on this page.)						
Did you hire and f	ire employees?	☐ YES		NO						
Vere you a lead worker?										

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		Per <i>(Ched</i>	ck One)	Mont	th 🔲 Year	Hours per	day	Days per week
Describe this job	. What di	d you de	o all day? (#	you ne	eed more space	, write in the"Rem	arks" s	ection.)
							_	
In this job, did yo	u:	Use te Do an	achines, too chnical kno y writing, co m duties like	wled	lge or skills ete reports	s?		YES NO YES NO YES NO
In this job , h ow r	nany tota	al hours	each day d	id yc	ou:			
Walk? Stand? Sit? Climb? Stoop? (Bend do			,	— far yo	Crouch? (B Crawl? (M Handle, gra Reach? Write, type o	ove on hands b or grasp big or handle sma	ck do & kne objec	ees) ees) cts? ects?
Check the heavi e								
Less than 10		10 lbs	20 lbs		50 lbs] 100 lbs. or r		Other
Check weight you		itly lifte		ently,	we mean fro	_		vorkday.)
Less than 10	lbs	10 lbs	☐ 25 lbs		50 lbs. or me	ore 🔲 O	ther	
Did you supervise How many pe	ople did	ou sup	ervise? _		YES (Comple items.)	te the next 3		NO (Skip to the last question on this page.)
What part of y		•			-			
Did you hire a	nd fire er	nployee	es?	☐ YES ☐ NO			NO	
Were you a lead worker? ☐ YES					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 (Check One)	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, too Use technical kno Do any writing, co perform duties like	wledge or skills mplete reports,	s? 🔲 Y	YES □ NO YES □ NO 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 (Explain what you lifted, how far you carried it, and how often you did this.)									
Check the heaviest w	eight lifted:	□ 50 lbs □	100 lbs. or more	Other					
Check weight you free	quently lifted: (By freque	ntly, we mean fror	m 1/3 to 2/3 of the v	vorkday.)					
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs. or mo	ore						
Did you supervise other How many people	• •	YES (Complet items.)	e the next 3	NO (Skip to the last question on this page.)					
Did you hire and fir	·	YES		NO					
·	•								
Were you a lead work	Vere you a lead worker?								

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	☐ Hour	Per (Chec	k One)	Month ☐ Yea	Hours per o	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 yo	ou:	Use m	achines, to	ols or equipm	ent?	ΠY	ES NO				
		Use te	chnical kno	wledge or ski	ills?	ΠY	ES NO				
			y writing, co m duties lik	omplete repor e this?	ts, or	ШΥ	ES NO				
In this job , how	many to	tal hours	each day d	lid you:							
Walk? Stand? Sit? Climb? Stoop? (Bend down and forward at waist) Kneel? (Bend legs to rest on knees) Crouch? (Bend legs & back down & forward) Crawl? (Move on hands & knees) Handle, grab or grasp big objects? Reach? Write, type or handle small objects?											
Lifting and Carry	ing (Exp	lain what yo	ou lifted, how	far you carried it	t, and how often	you d	id this.)				
Check the heavi	_	ght lifted:	☐ 20 lbs	☐ 50 lbs	☐ 100 lbs. or m	ore	☐ Other				
— Chook woight vo	6		— d. (D., f.,			46					
Check weight yo	_	_					rorkday.)				
Less than 10) IDS	10 lbs	25 lbs	50 lbs. or	more 🔲 Ot	ner					
•	Did you supervise other people in this job? TES (Complete the next 3 page.) NO (Skip to the last question on this page.)										
What part of	our tim	e was spe	ent supervis	sing people?							
Did you hire a	and fire	employee	s?	☐ YES		□ 1	NO				
Were you a lead	worker	? .		YES		1	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 (Chec	ck One)	Month 🔲	Year	Hours per	day	Days per week
Describe this job	. What d	id you d	o all day?	f you need more s	space, и	rite in the"Ren	arks" s	ection.)
In this job, did yo	u:	Use te	chnical kno	ols or equip owledge or s omplete rep e this?	skills?	•		YES NO YES NO YES NO
In this job , how	many tot	al hours	each day o	lid you:				
Walk? Stand? Sit? Climb? Stoop? (Bend do				Crouch Crawl? Handle Reach? Write, t	? (Ber (Mov , grab ? ype or	re on hands or grasp big handle sma	ck dot & kne objec	wn & forward)es) ets?ects?
Check the heavi		nt lifted:	☐ 20 lbs	☐ 50 lbs		100 lbs. or r	nore	☐ Other
Check weight you	ı fredue	- ntly lifte	d: (By freque					vorkday)
Less than 10] 10 lbs	25 lbs	50 lbs. o			ther	
Did you supervise How many pe		-	-	YES (Co	omplete i	the next 3		NO (Skip to the last question on this page.)
What part of y	our time	was spe	ent supervis	sing people	? -			
Did you hire a	nd fire e	mployee	s?	☐ 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 (Chec	ck One)	☐ Montl	ı 🗌 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 yo	ou:		achines, to				_	TES □ NO		
		Do an	y writing, o m duties lil	comple	te reports		_	res No		
In this job , how	many to	tal hours	each day	did yo	J:					
Walk? Stand? 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 heav i	est weig	ht lifted:								
Less than 1	_	10 lbs	☐ 20 lbs		0 lbs] 100 lbs. or n	nore	☐ Other		
Check weight yo	_	ently lifted	d: <i>(By frequ</i> ☐ 25 lbs	_	ve mean fro	_	f <i>the v</i> ther	vorkday.)		
Did you supervis How many pe	•	•	-	☐ YE	S (Complete items.)	the next 3		NO (Skip to the last question on this page.)		
What part of	your time	was spe	ent superv	ising p	eople?					
Did you hire a	and fire e	mployee	s?		ES			NO		
Were you a lead	worker?				ES			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. Date (Month, day, year) Name of person completing this form (Please print) Address (Number and Street) Email address (optional) Zip Code State City