

EDCS 3369 Screens 1-2

Disability Case Process 203-38-6901 Phoebe Ann Sauder - IE 6.0sp1 > KW

Select Form(s) | Add Source | Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

3369 ID/Work History - AN: 204.34.6802 DWB CLMT NAME: Sauder, Phoebe Ann [Show Instructions](#)

[Med Sources](#)
[Medications](#)
[Tests](#)
[Education](#)
[Voc Rehab](#)
[3368 Remarks](#)
3367
[Onset](#)
[Prior Filing](#)
[Presumptive](#)
[Observations](#)
[FO Med Develop](#)
[Capability/Rmk](#)
3369
[ID/Work History](#)
[3369 Remarks](#)
[Flags/Messages](#)

3369 ID/Work History

Identification

Name: Phoebe Ann Sauder
Daytime telephone number: None
 Your number Message number

Work Information

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	Date From	Date To
Cashier	06/17/90	08/28/92
Clerk	06/21/1985	10/09/1999

Next Page | Previous Page | Cancel | Help

Disability Case Process 203-38-6901 Phoebe Ann Sauder - IE 6.0sp1 > KW

Job Information - Cashier - AN: 204.34.6802 DWB CLMT NAME: Sauder, Phoebe Ann [Show Instructions](#)

Job Information - Cashier

Occupation or job title:

Type of business:

Dates Worked

From:
 To:

Most Recent Hours and Pay

Average hours per day:
 Average days per week:

Rate of pay: \$ Per:

What did you do all day in this job?

Done Local intranet

EDCS 3369 Screens 3-4

Disability Case Process 203-38-6901 Phoebe Ann Sauder - Microsoft Internet Explorer provided by IEG.0 SP1 > Alpha CT

Job Information - Cashier - AN: 204.34.6802 DWB CLMT NAME: Sauder, Phoebe Ann [Show Instructions](#)

What did you do all day in this job?

Daily duties included:

In this job, did you:

Use machines, tools, or equipment?
 Yes No Not yet answered

Use technical knowledge or skills?
 Yes No Not yet answered

Do any writing, complete forms, or perform duties like this?
 Yes No Not yet answered

In this job, how many hours a day did you do these activities?

Walk?

Stand?

Sit?

Climb?

Done Local Intranet

Disability Case Process 203-38-6901 Phoebe Ann Sauder - Microsoft Internet Explorer provided by IEG.0 SP1 > Alpha CT

Job Information - Cashier - AN: 204.34.6802 DWB CLMT NAME: Sauder, Phoebe Ann [Show Instructions](#)

What is the heaviest weight you lifted?

How much weight did you lift frequently (from 1/3 to 2/3 of your workday)?

Supervisory Duties

In this job, did you supervise other people?
 Yes No Not yet answered

How many people did you supervise?

What part of your time was spent supervising people?

Did you hire and fire employees?
 Yes No Not yet answered

Were you a lead worker?
 Yes No Not yet answered

Done Local Intranet

EDCS 3369 Screens 5-6

Disability Case Process 203-38-6901 Phoebe Ann Sauder - Microsoft Internet Explorer provided by IE6.0 SP1 - Alpha CI

Select Form(s) | Add Source | Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

3369 ID/Work History - AN: 204.34.6802 DWB CLMT NAME: Sauder, Phoebe Ann [Show Instructions](#)

Forms

- 3368
 - About You
 - Illness and Onset
 - Work History
 - Med Sources
 - Medications
 - Tests
 - Education
 - Voc Rehab
 - 3368 Remarks
- 3367
- 3369
 - ID/Work History
 - 3369 Remarks
- Flags/Messages

3369 ID/Work History

Identification

Name: Phoebe Ann Sauder
Daytime telephone number: None
 Your number Message number

Work Information

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	Date From	Date To
Cashier	06/17/90	08/28/92
Clerk	06/21/1985	10/09/1999

[Add Job](#)

Next Page | Previous Page | Cancel | Help

Local Intranet

Disability Case Process 203-38-6901 Phoebe Ann Sauder - Microsoft Internet Explorer provided by IE6.0 SP1 - Alpha CI

Select Form(s) | Add Source | Check Edits | Transfer | Print Forms | Create Barcode | Claims Actions | eForms | Help | Close Case | Exit

3369 Remarks - AN: 204.34.6802 DWB CLMT NAME: Sauder, Phoebe Ann [Show Instructions](#)

Forms

- 3368
 - About You
 - Illness and Onset
 - Work History
 - Med Sources
 - Medications
 - Tests
 - Education
 - Voc Rehab
 - 3368 Remarks
- 3367
- 3369
 - ID/Work History
 - 3369 Remarks
- Flags/Messages

3369 Remarks

Use this section for any additional information you did not show in earlier parts of this form.

Next Page | Previous Page | Cancel | Help

Done

Local Intranet