### 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 <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> 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 Paperwork Reduction Act of 1995. 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 HIS	TORY REPORT			
For SSA Use Only Do not write in this box.				
SECTION 1 - INFORMATION	ABOUT THE DISABLED F	PERSON		
A. NAME (First, Middle Initial, Last)	B. SOCIAL SECURITY	NUMBER		
C. DAYTIME TELEPHONE NUMBER (If you daytime number where we can leave a message for y	THE COUNTY OF A SECURE OF THE COUNTY OF THE	be reached, g	give us a	
( ) — [ Y	our Number	mber 🔲 l	None	
SECTION 2 - INFORMA	TION ABOUT YOUR WOF	RK		
List all the jobs that you have had in the 15 yof your illnesses, injuries, or conditions.	ears before you became ur	nable to wo	rk because	
Job Title	Type of Business	Dates '	Worked	
		From	То	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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) ur 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" sect	tion.)
				2
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
In this job, did you:	Use machines, to	ools, or equipment	?	□ №
		owledge or skills? omplete reports, o e this?	r YES	<ul><li>□ NO</li></ul>
In this job, how many t	■ 11 14 H2 157 100 100 100 100 100 100 100 100 100 10			
Walk? Stand? Sit? Climb? Stoop? (Bend down and for		Crouch? (Bender of Crawl? (Move Handle, grab, of Reach? Write, type, or	legs to rest on kneed legs & back down on hands & knees) or grasp big objects? handle small objects!	& forward)
Check the <b>heaviest</b> wei	aht lifted:			
	10 lbs 20 lbs		00 lbs. or more [//3 to 2/3 of the work	Other
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs or more	Other	
Did you supervise other How many people di		YES (Complete th items.)	e next 3 NO	(Skip to the last question on this page.)
What part of your tim	e was spent supervis	sing people?		
Did you hire and fire	employees?	YES	NO	
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	Per (Check Or	ne)	Hours per day	Days per week
\$	Hour Day Week	Month Year		
Describe this job. W	/hat did you do all day	1? (If you need more space, w	vrite in the"Remarks" sec	tion.)
In this job, did you:	Use machines	, tools, or equipmen	t? NES	□ NO
	Use technical	knowledge or skills?	YES	☐ NO
	Do any writing perform duties	i, complete reports, on the silve this?	or YES	□NO
In <b>this job</b> , how ma	ny total hours each da	ay did you:		
Walk? 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, f	now far you carried it, an	d how often you did	this.)
Check the <b>heaviest</b>	weight lifted:			
Less than 10 lbs	10 lbs 20 l	bs 50 lbs	100 lbs. or more	
Check weight you <b>fr</b>	equently lifted: (By fre	equently, we mean from	1/3 to 2/3 of the wor	kday.)
Less than 10 lbs	10 lbs 25 ll	bs 50 lbs or more	Other	_
The state of the s	ther people in this job e did you supervise?	?	the next 3 NO	(Skip to the last question on this page.)
What part of you	r time was spent supe	ervising people?		
Did you hire and	fire employees?	YES	□NO	
Were you a lead wo	rker?	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 <i>(Check One)</i> lour	☐ Month ☐ Year	Hours per day	Days per week
Describe this job. Wh	at did you do all day?	(If you need more space, \	write in the"Remarks" sect	tion.)
In this job, did you:	Use machines, to	ools, or equipmer	nt? □YES	□NO
		owledge or skills' complete reports, ke this?		□ NO
In this job, how many	total hours each day	did you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and		Crouch? (Be Crawl? (Mov Handle, grab, Reach? Write, type, o	d legs to rest on kneed nd legs & back down e on hands & knees) or grasp big objects r handle small objects and how often you did	& forward)? s?
Check the <b>heaviest</b> w	reight lifted:	50 lbs	100 lbs. or more	☐ Other
	100 000000			
Check weight you free			===	kday.)
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	50 lbs or more	Other	<u></u>
Did you supervise oth		YES (Complete items.)	the next 3 NO	(Skip to the last question on this page.)
How many people	_			page./
	ime was spent supervi	sing people?		
Did you hire and fir	e employees?	YES	□NO	
Were you a lead work	er?	YES	□ NO	
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# 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  \$  \[ \Boxed{\text{Hour}}	Per (Check One)  Day Week	] Month ☐ Year	Hours per day	Days per week
Describe this job. What di	d you do all day? <i>(ι</i>	f you need more space, w	rite in the"Remarks" sect	tion.)
In this job, did you:	Use machines, to	ols or equipmen	t? □YES	∏NO
in this job, aid you.	Use technical known Do any writing, corperform duties like	owledge or skills? omplete reports, o	☐ YES	□ NO
In this job, how many tota	al hours each day o	lid you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and forw	vard at waist)	Crouch? (Ber Crawl? (Move Handle, grab, Reach?	I legs to rest on kneed and legs & back down to an hands & knees) or grasp big objects' handle small objects	& forward)
Lifting and Carrying (Explai	in what you lifted, how	far you carried it, and	d how often you did	this.)
Check the <b>heaviest</b> weigh	t lifted:			
Less than 10 lbs	10 lbs 20 lbs	50 lbs 1	00 lbs. or more	Other
Check weight you <b>freque</b> r	ntly lifted: (By freque	ntly, we mean from 1	1/3 to 2/3 of the work	kday.)
Less than 10 lbs	10 lbs 25 lbs	50 lbs or more	Other	
Did you supervise other per How many people did y	\$ 125 10 125	YES (Complete the items.)	he next 3 NO	(Skip to the last question on this page.)
What part of your time	was spent supervis	sing people?		
Did you hire and fire er	nployees?	YES	□ NO	
Were you a lead worker?		YES	□ №	

## Give us more information about Job No. 5 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 5					100	
Rate of Pay	Per (	Check One)			Hours per day	Days per week
\$	Hour 🗌 Day	Week [	Month	Year		
Describe this job. Wh	nat did you do	all day?	'If you need more s	space, writ	te in the"Remarks" sed	ction.)
	77-7					
In this job, did you:			ools, or equip		?YES	S NO
	Do any		owledge or s complete repo ce this?		YES	
In this job, how man	y total hours	each day	did you:			
Walk? Stand? Sit? Climb? Stoop? (Bend down at	nd forward at wa	ist)	Crouch' Crawl? Handle, Reach?	? (Bend (Move of grab, of	egs to rest on kne I legs & back down on hands & knees, r grasp big objects nandle small objec	n & forward) ) 6?
Lifting and Carrying (	Explain what yo	u lifted, how	rfar you carried	d it, and	how often you did	this.)
	31					
Check the <b>heaviest</b> v	weight lifted:					
Less than 10 lbs	10 lbs	20 lbs	50 lbs	10	00 lbs. or more	Other
Check weight you fre	quently lifted	: (By freque	ently, we mean	from 1/	3 to 2/3 of the wo	rkday.)
Less than 10 lbs	10 lbs	25 lbs	50 lbs or	more	Other	
Did you supervise oth How many people	i i		YES (Con item		e next 3 NO	(Skip to the last question on this page.)
What part of your	time was spe	nt supervi	sing people?	?		
Did you hire and f	ire employee:	s?	YES		□ NC	)
Were you a lead work	ker?		YES		□ NC	)

### 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)		Hours per day	Days per week
\$ Ho	our 🗌 Day 🔲 Week 📗	Month Year		
Describe this job. Wha	t did you do all day? (	f you need more space, w	rite in the"Remarks" sect	ion.)
			****	
	· · · · · · · · · · · · · · · · · · ·			
In this job, did you:	Use technical know	ools, or equipment owledge or skills? omplete reports, c	☐ YES	<ul><li>□ NO</li><li>□ NO</li></ul>
	perform duties lik			
In this job, how many	total hours each day o	lid you:		
Walk? Stand? Sit? Climb? Stoop? (Bend down and	forward at waist)	Crouch? (Ben Crawl? (Move Handle, grab, o Reach?	legs to rest on kneed legs & back down on hands & knees) or grasp big objects' handle small objects	& forward)
Lifting and Carrying (Ex	plain what you lifted, how	far you carried it, and	l how often you did	this.)
Check the heaviest we	eight lifted:			
Less than 10 lbs	10 lbs 20 lbs	50 lbs 1	00 lbs. or more	Other
Check weight you freq	uently lifted: (By freque	ently, we mean from 1	/3 to 2/3 of the worl	kday.)
Less than 10 lbs	10 lbs 25 lbs	50 lbs or more	Other	
Did you supervise othe How many people o		YES (Complete the items.)	ne next 3 NO	(Skip to the last question on this page.)
What part of your tir	ne was spent supervi	sing people?		
Did you hire and fire	e employees?	YES		
Were you a lead worke	r?	YES	□NO	

SECTION 3 - REMARKS				
Use this section to add any information you did not have space for in other part you are continuing.	parts of the form. Show	w the page number of the		
BE SURE TO COMPLETE THE BOTTON	M OF THIS PAGE.			
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	3.00.00			
		ACC CAMPAGE STREET		
Name of person completing this form if other than the disabled person (Please print)	Date (Month, day,	year)		
Address (Number and Street)	Email address (opt	tional)		
City	State	ZIP Code		

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