

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 to make a determination of eligibility for Social Security benefits.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to make a determination regarding benefits eligibility. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0089, entitled, Claims Folders Systems; and, 60-0090, entitled, Master Beneficiary Record. Additional information about these and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

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 HISTORY REPORT

For SSA Use Only
Do not write in this box.

SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON

A. NAME (First, Middle Initial, Last)

B. SOCIAL SECURITY NUMBER

C. DAYTIME TELEPHONE NUMBER *(If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)*

() - Your Number Message Number None
Area Code Phone Number

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	
			From	To
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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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)	Hours per day	Days Per Week
\$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

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? YES NO
- Use technical knowledge or skills? YES NO
- Do any writing, complete reports, or perform duties like this? YES NO

In **this job**, how many total hours each day did 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 Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

- 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
- 10 lbs
- 25 lbs
- 50 lbs or more
- Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising 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 One)	Hours per day	Days per week
\$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

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? YES NO
- Use technical knowledge or skills? YES NO
- Do any writing, complete reports, or perform duties like this? YES NO

In **this job**, how many total hours each day did you:

- | | |
|-----------------------------------------------|-------------------------------------------------|
| Walk? _____ | Kneel? (Bend legs to rest on knees) _____ |
| Stand? _____ | Crouch? (Bend legs & back down & forward) _____ |
| 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, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

- 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 10 lbs 25 lbs 50 lbs or more Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

Were you a lead worker? 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)					Hours per day	Days per week
\$ _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year		

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? YES NO
- Use technical knowledge or skills? YES NO
- Do any writing, complete reports, or perform duties like this? YES NO

In **this job**, how many total hours each day did 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 Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

- 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
- 10 lbs
- 25 lbs
- 50 lbs or more
- Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

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 (Check One)	Hours per day	Days per week
\$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

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? YES NO
- Use technical knowledge or skills? YES NO
- Do any writing, complete reports, or perform duties like this? YES NO

In **this job**, how many total hours each day did 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 Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

- 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 10 lbs 25 lbs 50 lbs or more Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

Were you a lead worker? 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
\$ _____	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		

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? YES NO
- Use technical knowledge or skills? YES NO
- Do any writing, complete reports, or perform duties like this? YES NO

In **this job**, how many total hours each day did you:

- | | |
|-----------------------------------------------|-------------------------------------------------|
| Walk? _____ | Kneel? (Bend legs to rest on knees) _____ |
| Stand? _____ | Crouch? (Bend legs & back down & forward) _____ |
| 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, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

- 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 10 lbs 25 lbs 50 lbs or more Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? 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 \$ _____	Per (Check One) <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Hours per day	Days per week
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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? YES NO
- Use technical knowledge or skills? YES NO
- Do any writing, complete reports, or perform duties like this? YES NO

In **this job**, how many total hours each day did you:

- | | |
|-----------------------------------------------|-------------------------------------------------|
| Walk? _____ | Kneel? (Bend legs to rest on knees) _____ |
| Stand? _____ | Crouch? (Bend legs & back down & forward) _____ |
| 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, how far you carried it, and how often you did this.)

Check the **heaviest** weight lifted:

- 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 10 lbs 25 lbs 50 lbs or more Other _____

Did you supervise other people in this job? YES (Complete the next 3 items.) NO (Skip to the last question on this page.)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? YES NO

Were you a lead worker? 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.

Multiple horizontal lines for handwritten remarks.

Name of person completing this form if other than the disabled <i>person</i> <i>(Please print)</i>		Date (<i>Month, day, year</i>)	
Address (<i>Number and Street</i>)		Email address (<i>optional</i>)	
City	State	ZIP Code	