## **Collection and Use of Personal Information**

Sections 205(a), 223(d), and 1631(e)(1) of the Social Security Act, as amended, allow us to collect the requested information. We will use the information you provide to make a determination of eligibility for Social Security benefits. Providing us this information is voluntary. However, not providing this information may prevent us from making an accurate and timely decision on any claim filed. Additional information about this and other Social Security programs is available on our Internet website, www.socialsecurity.gov, or at your local Social Security office.

## EDCS Screenshots of the 3369 Form

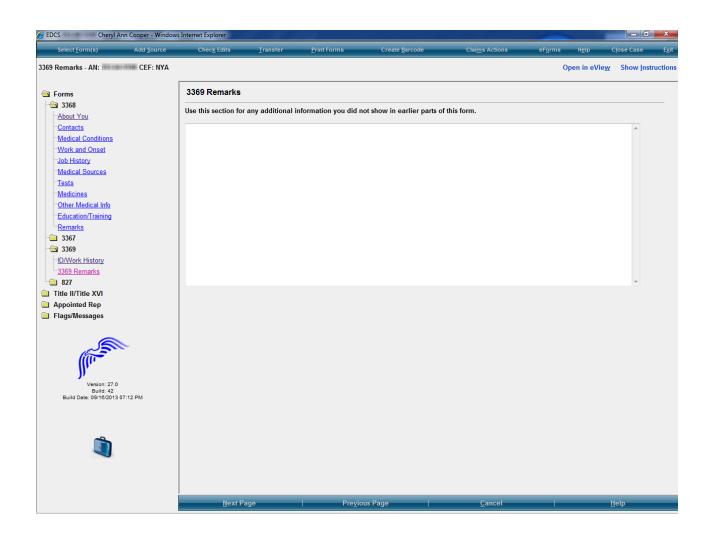
September 20, 2013

EDCS 111 64 1218 Cheryl Ann Cooper - Windows	Internet Explorer								x		
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3368	Identification										
About You	Identification										
Contacts Medical Conditions	Name: Cheryl Ann										
Wedical Conditions	Daytime telephone	e number: None									
<u>Job History</u>	Work Information										
Medical Sources	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.										
··· <u>Tests</u> ··· <u>Medicines</u>	Job Title	it you have had i	in the 15 years befor	Date From	ork because of your times	Date To		•			
Other Medical Info	Hair dresser			Jan 2000		present					
Education/Training											
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3369 ID/Work History Page

## 3369 Job Information Page

Job Information - AN: CEF: NYA	Open in eVie <u>w</u>	Show Instruction
Job Information -		
*Occupation or job title:		
Type of business:		
Type of Dualineas.		
Dates Worked		
From: To:		
Most Recent Hours and Pay		
Average hours per day:		
Average days per week:		
Rate of pay: \$0.00 Per:		
What did you do all day in this job? Daily duties included:		
· · · · · · · · · · · · · · · · · · ·		
In this job, did you:		
Use machines, tools, or equipment? O Yes O No I vet answered		
Use technical knowledge or skills? ◎ Yes ◎ No ◎ Not yet answered		
Do any writing, complete forms, or perform any duties like this?		
In this job, how many hours a day did you do these activities?		
Walk?		
Stand?		
Sit?		
Climb?		
Stoop?		
Kneel?		
Crouch?		
Crawl?		
Handle, grab, or grasp big objects?		
Reach?		
Write, type, or handle small objects?		
Physical Activities: Lifting and Carrying		_
Describe what you lifted, how far you carried it, and how often you lifted it.		
• • • • • • • • • • • • • • • • • • •		
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  • No yet answered		
Were you a lead worker?		
QK Delete Add Another Cancel Help		



3369 Remarks Page