

## 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.				

Work History Report - Form SSA-3369-BK

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.)

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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.)

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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.)

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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.)

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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? _____                                   | 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. 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? \_\_\_\_\_
- 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. 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.)

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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.)

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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.

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