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	То	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
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)		Hours per day	Days Per Week
	Month 🗌 Year		
Describe this job. What did you do all day? (If you no	eed more space, w	rite in the"Rema	rks" section.)
In this job, did you:			
Use machines, tools, or equipment? Use technical knowledge or skills? Do any writing, complete reports, or perform duties like this?	 YES YES NC YES NC)	
In this job , how many total hours each day did you:			
Walk? Stand? Sit? Climb? Stoop? <i>(Bend down and forward at waist)</i>	Kneel? <i>(Bend legs to</i> Crouch? <i>(Bend legs</i> Crawl? <i>(Move on ha</i> Handle, grab, or gras Reach? Write, type, or handle	& back down & fon nds & knees) sp big objects?	vard)
Lifting and Carrying (Explain what you lifted, how fai	r you carried it, and	how often you c	lid this.)
Check the heaviest weight lifted:			
Less than 10 lbs 10 lbs 20 lbs 5	50 lbs 🗌 100 lbs. (or more 🗌 Othe	r
Check weight you frequently lifted: (By frequently, we	mean from 1/3 to 2/3 o	f the workday.)	
Less than 10 lbs 10 lbs 25 lbs 5	50 lbs or more	Other	
Did you supervise other people in this job?YES How many people did you supervise? What part of your time was spent supervising p	(Complete the next 3 items.) eople?	☐ NO (Skip to th on this pay	e last question ge.)
Did you hire and fire employees?		□ NO	
Were you a lead worker?		□ 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 (Chec	k One)		Hours per d	ay Days per week
\$	Hour	🗌 Day 🔤 We	eek 🗌 Month	Year		
Describe this job	b. What did	you do all day?	(If you need n	nore space,	write in the"Ren	narks" section.)
In this job, did y	ou:					
Use machir	nes, tools, o	r equipment?	ר 🗌	ES 🗌 N	0	
Use technic	cal knowled	ge or skills?	ו 🗌	'ES 🗌 N	0	
Do any writ perform dut	•	te reports, or ?		ES 🗌 N	0	
In this job , how	many total	hours each day	v did you:			
Walk? Stand? Sit? Climb? Stoop? <i>(Bend</i>	down and for	ward at waist)	Crouc Crawl Hand Reacl	h? (<i>Bend leg.</i> ? (<i>Move on h</i> e, grab, or gra h?	to rest on knees) s & back down & fo ands & knees) asp big objects? lle small objects?	rward)
Lifting and Carry	ying <i>(Explai</i> l	n what you lifted	d, how far you	carried it, ai	nd how often you	u did this.)
Check the heav	r iest weight	lifted:				
Less than	n 10 lbs 🗌 1	0 lbs 🗌 20 lbs	50 lbs [100 lbs. or	more 🗌 Other	
Check weight yo	ou frequent	ly lifted: (By fre	quently, we m	ean from 1/3	3 to 2/3 of the wo	orkday.)
Less than	n 10 lbs 🗌 1	0 lbs 🗌 25 lbs	50 lbs or	nore 🗌 (Other	
Did you supervis	se other peo	ople in this job?		plete the next		to the last
How many	people did	you supervise?	3 iter	ns.)	- questi	on on this page.)
What part c	of your time	was spent supe	ervising people	?		
Did you hire	e and fire er	nployees?			 NO	
Were you a	a lead worke	er?	TES		□ NO	
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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 (Che	ck One)		Hours per day	Days per week
\$	Hour	🗌 Day	Week		nth 🗌 Year		
Describe this jot	o. What di	d you do all	day? (If	you need	more space, v	vrite in the"Rema	rks" section.)
In this job, did yo	ou:						
Use machii	nes, tools	, or equipme	ent?	🗌 YES	□ NO		
Use technic	cal knowle	edge or skill	s?	YES	□ NO		
Do any writ perform du	•	olete reports his?	s, or	YES	□ NO		
In this job, how			ch day dio	d you:			
		forward at wa ain what you	- <u> </u>	Crav Han Rea Write	vl? <i>(Move on ha</i> dle, grab, or gras ch? e, type, or handle	p big objects?	
Check the heav	•	nt lifted:	20 lbs	50 lbs	100 lbs. c	or more 🗌 Other	
Check weight yo	ou freque	ntly lifted: (By freque	ently, we n	nean 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 supervis How many	-	eople in this d you super			mplete the next ms.)	□ NO (Skip to this pa	o the last question or ge.)
		ne was sper		sing peop	le?		
	•	employees	•] YES		_	
Were you a	a lead woi	rker?] 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	Per (C	Check One)			Hours per day	/ Days per week
\$] Hour 🛛 Day	Week	Month	Year		
Describe this job. V	What did you do	all day? (If	you need i	nore space, w	rite in the"Rem	narks" section.)
In this job, did you:						
Use machines	, tools, or equip	ment?	YES	□ NO		
Use technical	knowledge or sk	ills?	YES	□ NO		
Do any writing perform duties	, complete repoi i like this?	rts, or	YES	□ NO		
In this job , how ma	any total hours e	each day die	d you:			
Walk?	_		Knee	I? (Bend legs to	rest on knees)	
Stand? Sit?	_			ch? (Bend legs a l? (Move on han	& back down & for	ward)
Climb?	_			lle, grab, or gras	,	
Stoop? (Bend do	wn and forward at w	vaist)	Read		amall shis sta	
			VVIILE	, type, or handle	Small objects?	
Lifting and Carrying	g (Explain what	you lifted, h	now far you	carried it, and	l how often yoι	ı did this.)
Check the heavies	st weight lifted:					
Less than 10	lbs 🗌 10 lbs	20 lbs	☐ 50 lbs	🗌 100 lbs. c	or more 🗌 Ot	her
Check weight you	frequently lifted	: (By frequen	tly, we mean	from 1/3 to 2/3 c	of the workday.)	
Less than 10	lbs 🗌 10 lbs	25 lbs	☐ 50 lbs	or more 🗌 C	other	
Did you supervise	other people in t	his job?		Complete the ne		Skip to the last
How many peo	ople did you sup	ervise?		3 items.)	C	question on this page
What part of y	our time was sp	ent supervi	sing people	?		
Did you hire a	nd fire employee	es?	YES			
Were you a lea	ad worker?		YES		🗌 NO	

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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 (Che	eck One)			Hours per day	Days per week
\$	Hour	🗌 Day	Week	Month	Year		
Describe this jo	b. What did	l you do a	ll day? <i>(If</i> y	you need m	ore space, v	vrite in the"Rema	arks" section.)
In this job, did y	ou:						
Use machi	nes, tools,	or equipm	ent?	T YES	□ NO		
Use techni	cal knowled	dge or skil	lls?	 YES	 NO		
Do any wri perform du	•	•	s, or	YES			
In this job , how	/ many tota	l hours ea	ich day dic	l you:			
Walk? Stand? Sit? Climb? Stoop? (Ben		onward at w	aist)	Crouch Crawl?	n?(<i>Bend legs</i> ?(<i>Move on ha</i> e, grab, or gras	o rest on knees) & back down & for nds & knees) op big objects?	ward)
Lifting and Carr	ying <i>(Explai</i> i	n what you l	ifted, how fa	r you carried i	t, and how ofte	n you did this.)	
Check the heav	•	t lifted:	20 lbs	50 lbs	☐ 100 lbs.	or more 🗌 Oth	ner
Check weight y	ou frequen	tlv lifted [.]	(By frequent		-	of the workday)	
Less than	•] 10 lbs	25 lbs	50 lbs or		Other	
Did you sup	pervise othe	er people	in this job?		omplete the ne	ext 🗌 NO (s	Skip to the last
How many	people did	you super	vise?	31	tems.)	q	uestion on this page.)
What part o	of your time	was sper	nt supervis	ing people?			
Did you hire	e and fire e	mployees	?	S YES		□ NO	
Were you a	lead worke	er?		YES		□ NO	
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Give us more information about Job No. 6 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE N	O. 6							
Rate of Pay			Per (Check Or	ne)		Ηοι	irs per da	y Days per week
\$	🗌 Hour	🗌 Day	Week	Month	🗌 Year	r	-	
Describe this j	ob. What	did you do	all day? (If	you need n	nore space	e, write in	the"Rem	arks" section.)
In this job, did	you:							
Use mach	nines, too	ls, or equip	ment?	YES	□ NO			
Use techr	nical know	vledge or sl	kills?	YES	□ NO			
Do any w perform d	•	nplete repo this?	rts, or	YES	□ NO			
In this job , ho	w many t	otal hours e	each day dio	d you:				
Walk? Stand? Sit? Climb? Stoop? (Be	Stand? Sit?			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 Ca	rrying <i>(Ex</i>	plain what	you lifted, h	ow far you	carried it, a	and how	often you	did this.)
Check the hea	viest we	ight lifted:						
Less the	an 10 lbs	☐ 10 lbs	20 lbs	☐ 50 lbs	🗌 100 lk	os. or more	e 🗌 Ot	ner
Check weight	you freq ı	uently lifted	: (By frequent	tly, we mean	from 1/3 to 2	2/3 of the w	/orkday.)	
Less the	an 10 lbs	☐ 10 lbs	25 lbs	☐ 50 lbs	or more	Other		
Did you super	vise other	people in t	his job?	YES	(Complete next 3 iten			Skip to the last uestion on this page.

YES

YES

NO

NO

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What part of your time was spent supervising people?

How many people did you supervise?

Did you hire and fire employees?

Were you a lead worker?

SECTION 3 - REMARKS

Use this section to add any in	formation you did not have space for in othe	r parts of the form. Show t	he page number of the part					
you are continuing.	BE SURE TO COMPLETE THE BOTTOM OF THIS PAGE.							
Name of nervous completing	this form if other then the dischool never	Data (Manth day						
(Please print)	this form if other than the disabled <i>person</i>	Date (Month, day,	year)					
Address (Number and Stree	et)	Email address (op	tional)					
City		State	ZIP Code					