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 and Paperwork Reduction Act Statements

The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1631(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or 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 the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. 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 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. You may send comments on our time estimate above to: SSA, 1338 Annex Building, 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 Do not write in			
•			
SECTION 1 - INFORMATION ABO	UT THE DISABLED PERSON		
A. Name (First, Middle Initial, Last)	B. SOCIAL SECURITY NUMBER		
C. DAYTIME TELEPHONE NUMBER (if you have daytime number where we can leave a message for you.)	no number where you can be reached, give us a		
() – Your N	umber Message Number None		
SECTION 2 - INFORMATION	AROUT 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.

1.		4 0
2.	 	
3.		
4.		
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6.		
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8.		·
g.		
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	1.11				
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, write in the "Remarks" section.)					
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	 -		
In this job, did you:	Use machines, to	ools or equipme	nt?	YES 🔲 NO	
	Use technical know	owledge or skills	s?	YES 🔲 NO	
	Do any writing, c perform duties lik		s, or 🔲	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 (E	xplain what you lifted, how	r far you carried it,	and how often you	did this.)	
Check the heaviest w	reight lifted:				
Less than 10 lbs	☐ 10 lbs ☐ 20 lbs	☐ 50 lbs ☐	100 lbs. or more	Other	
Check weight you free	quently lifted: (By frequ	ently, we mean fro	m 1/3 to 2/3 of the	workday.)	
Less than 10 lbs	☐ 10 lbs ☐ 25 lbs	☐ 50 lbs. or m	ore 🔲 Other		
Did you supervise oth How many people	er people in this job? did you supervise?	YES (Comple items.)	ste the next 3	NO (Skip to the last question on this page.)	
What part of your t	ime was spent superv	ising people?			
Did you hire and fi	re employees?	YES		NO	
Were you a lead work	er?	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 On- ur Day Dw	•	nth 🔲 Yea	Hours per da	y Days per week
Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)					
				<u>.</u>	
In this job, did you:	Use machi	nes tools (or equipme	ent? F	YES NO
in ano job, ara you.	Use techni				YES NO
	Do any wr	iting, comp uties like th	lete report		YES NO
In this job, how many	total hours eac	h day did y	ou:		
Walk? Stand? Sit? Climb? Stoop? (Bend down an	d forward at waist)		Crouch? (Crawl? (/ Handle, gr Reach?	end legs to rest of Bend legs & back Move on hands & a ab or grasp big ob or handle small o	down & forward) knees) jjects?
Lifting and Carrying (E	xplain what you lift	ed, how far y	ou carried it,	and how often yo	ou did this.)
Check the heaviest w	eight lifted:				
Less than 10 lbs	☐ 10 lbs ☐	20 lbs 🔲	50 lbs	100 lbs. or mo	re 🔲 Other
Check weight you free	quently lifted: (By frequently	, we mean fr	om 1/3 to 2/3 of th	ne workday.)
Less than 10 lbs	☐ 10 lbs ☐	25 lbs 🔲	50 lbs. or r	more 🔲 Othe	er
Did you supervise other people in this job? How many people did you supervise? YES (Complete the next 3 NO (Skip to the last question on this pege.)					
What part of your t	ime was spents	supervising	people?		
Did you hire and fi	re employees?] YES	1	□no
Were you a lead worker?					□ 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 (Check One) Ir Day Weet	: ☐ Month ☐ Year	Hours per day	Days per week	
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 technica	s, tools or equipme knowledge or skill g, complete reports s like this?	s?	YES NO YES NO YES NO	
In this job, how many	total hours each o	lay did you:			
Walk? Stand? Sit? Climb? 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 (E.	kplain what you lifted,	how far you carried it,	and how often you	did this.)	
Check the heaviest we			_		
Less than 10 lbs	☐ 10 lbs ☐ 20	lbs	100 lbs. or more	Other	
Check weight you freq	uently lifted: (By	requently, we mean fro		workday.)	
Less than 10 lbs	10 lbs 25	lbs 🔲 50 lbs. or m	ore		
Did you supervise other How many people	• •	items.)	ate the next 3	NO (Skip to the last question on this page.)	
What part of your ti	me was spent sup	ervising people?	 		
Did you hire and fir	e 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	•	h ∏Year	Hours per day	Days	per week
Describe this job. Wha			******	pace, write in the	Remarks"	section.)
		, , ,				
						
In this job, did you:	Use machìr	nes, tools o	r equipme	nt?	YE\$	□ №
	Use technic		, .		YES	_ NO
	Do any writ perform du	ing, comple	ete reports		YE\$	□ ио
in this job, how many	total hours each	day did yo	ou:			
Walk? Stand? Sit? Climb? Stoop? (Bend down and	l forward at waist)		Crouch? (B Crawl? (M Handle, gra Reach?	ind legs to rest on lend legs & back of love on hands & ki lib or grasp big obj or handle small ol	lown & for nees) ects?	ward)
Lifting and Carrying (E	xplain what you lifte	ed, how far yo	ou carried it,	and how often you	a did this.)	
Check the heaviest w	eight lifted:				<u> </u>	
Less than 10 lbs	☐ 10 lbs ☐	20 lbs 🔲	50 lbs	100 lbs. or more	• 	Other
Check weight you free	juently lifted: (8	y frequently,	we mean fro	om 1/3 to 2/3 of the	e workday	s.)
Less than 10 lbs	10 lbs 🔲	25 lbs 🔲	50 lbs. or m	ore		_
Did you supervise other	•		YES (Comple items.)	ste the next 3		to the last tion on this
What part of your ti	me was spent s	upervising	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. 5 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 5					
Rate of Pay	Per (Check ur Day	'	Month ☐ Year	Hours per day	Days per week
Describe this job. Wha	t did you do	all day? (#)	you need more space,	write in the"Remarks"	section.)
In this job, did you:	Use ma	achines, too	ols or equipme	nt?	YES NO
			wledge or skills		YES NO
		writing, co n duties like	mplete reports this?	, or 🔲	YES NO
In this job, how many	total hours	each day d	id 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 (E.	xplain what yo	u lifted, how	far you carried it, a	and how often you	did this.)
Check the heaviest we	eight lifted:				
Less than 10 lbs	🔲 10 lbs	20 lbs	☐ 50 lbs ☐	100 lbs. or more	•
Check weight you freq	juently lifted	d: (By freque	antly, we mean fro	m 1/3 to 2/3 of the	workday.)
Less than 10 lbs	10 lbs	25 lbs	☐ 50 lbs. or m	ore 🔲 Other	·
Did you supervise other How many people	• •	•	YES (Comple items.)	te the next 3	NO (Skip to the last question on this page.)
What part of your ti	ime was spe	ent supervis	sing people?		
Did you hire and fir	e employee	s?	YES] NO
Were you a lead work	er?		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) Day Week	Month :	Hou rear	urs per day	Days per week	
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 equip	ment?		ES NO	
	Use technical k	nowledge or	skills?		ES NO	
	Do any writing, perform duties l	complete rep ike this?	orts, or		ES NO	
In this job, how many t	otal hours each day	did you:				
Walk? Stand? Sit? Climb? Stoop? (Bend down and l	,	Crouch Crawl? Handle Reach Write, t	? (Bend le (Move of , grab or of) ype or hai	gs to rest on kings & back down hands & kne grasp big objectional objection of the four of	wn & forward)es) ess; cts?ects?	
Check the heaviest we	ight lifted: ☐ 10 lbs ☐ 20 lb	s 1 50 lbs	1 00) lbs. or more	☐ Other	
Check weight you frequ	uently lifted: <i>(By fred</i>	quently we mea	n from 1/3	3 to 2/3 of the v	vorkdav.)	
Check weight you frequently lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.) Less than 10 lbs						
Did you supervise other How many people d	•	YES (Comitems		x13 🔲	NO (Skip to the last question on this page.)	
What part of your tin	ne was spent super	vising people	?			
Did you hire and fire	employees?	YES			NO	
Were you a lead worker	77	YES			NO	

SECTION 3 - REMA	RKS	
Se this section to add any information you did not have space for in other you are continuing.	er parts of the form. Sho	w the page number of the
BE SURE TO COMPLETE THE BOTT	OM OF THIS PAGE.	
	<u></u>	
		<u> </u>
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		"
See Revision att	2.66.1	
see revision an	uched	
Name of person completing this form (Please print)	Date (Month, day, y	ear)
Address (Number and Street)	Email address (op	otionel)
City	State	Zip Code
	$\sqrt{}$	7
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Revision to the Collection Instrument

SSA needs to revise Section 3 (the bottom part) on page 8 (last page of SSA 3369) to eliminate collecting duplicate information. In most cases, the applicant completing the form is the disabled individual. Since the form is printed every 6 months, SSA will continue to use the current SSA-3369 until stock is depleted.

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Name of person completing this form (Please print)	Date Form Completed (Month, day, year)
E-Mail Address of person completing this form (opt	ional)
If the person completing this form is other than the dinformation.	isabled person, please complete the following
Relationship to Disabled Person	Daytime Telephone Number
Address (Number and street)	City State Zip Code