	ORY 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.)							
( ) –							
SECTION 2 - INFORMAT	ION 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 V	Vorked				
Job Title	Type of Business	Dates V	Vorked To				
Job Title	Type of Business						
	Type of Business						
1.	Type of Business						
1.	Type of Business						
1. 2. 3.	Type of Business						
1. 2. 3. 4.	Type of Business						
1.	Type of Business						
1.	Type of Business						
1.	Type of Business						

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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 ☐ Hour ☐ Day ☐ Week ☐ Month ☐ 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 ☐ YES ☐ NO perform duties like this? In this job, how many total hours each day did you: Kneel? (Bend legs to rest on knees) Walk? Stand? Crouch? (Bend legs & back down & forward) Crawl? (Move on hands & knees) Sit? 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: 100 lbs. or more Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☐ 50 lbs 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 NO (Skip to the last question (Complete the next Did you supervise other people in this job? ☐ YES 3 items.) 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 Form **SSA-3369-BK** (04-2014) ef (04-2014) PAGE 2

## Give us more information about Job No. 2 listed on Page 1. Estimate hours and pay, if you need to. **JOB TITLE NO. 2** Per (Check One) Rate of Pay Hours per day Days per week Hour ☐ Day Week ☐ Month 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 Use technical knowledge or skills? YES Do any writing, complete reports, or ☐ YES ☐ NO perform duties like this? In **this job**, how many total hours each day did you: Walk? Kneel? (Bend legs to rest on knees) Crouch? (Bend legs & back down & forward) Stand? Sit? Crawl? (Move on hands & knees) Handle, grab, or grasp big objects? Climb? 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 0ther 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 (Skip to the last YES (Complete the next 3 items.) Did you supervise other people in this job? □NO 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? ☐ NO ☐ YES Were you a lead worker? □ NO ☐ YES Form **SSA-3369-BK** (04-2014) ef (04-2014) PAGE 3

## 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 Hour Day Week ☐ Month ☐ 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: ☐ YES Use machines, tools, or equipment? Use technical knowledge or skills? ☐ YES ☐ NO Do any writing, complete reports, or YES perform duties like this? 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 Other 50 lbs or more YES (Complete the next (Skip to the last question on Did you supervise other people in this job? □ NO this page.) How many people did you supervise? What part of your time was spent supervising people? Did you hire and fire employees? ☐ NO ☐ YES Were you a lead worker? ☐ YES ☐ NO PAGE 4 Form **SSA-3369-BK** (04-2014) ef (04-2014)

Give us more i need to.	nformation	on about J	lob <b>No</b> . 4 l	listed on P	Page 1. Esti	mate h	ours and p	oay, if you
JOB TITLE NO	). 4							
Rate of Pay		Per (Ci	neck One)			Hou	rs per day	Days per week
\$	☐ Hour	☐ Day	Week	☐ Month	☐ Year			
Describe this jo	b. What d	id you do a	all day? (If	you need i	more space,	write ii	n the"Rema	arks" section.)
In this job, did y	ou:			· · · · · · · · · · · · · · · · · · ·				
Use machi	nes, tools	, or equipm	nent?	YES	□ NO			
Use techni	cal knowle	edge or ski	lls?	☐ YES	☐ NO			
Do any wri perform du		•	s, or	YES	□NO			
In <b>this job</b> , hov	w many to	tal hours e	ach day did	d you:				
Stand? Sit? Climb? Stoop? (Bend				Craw Hand Read Write	e, type, or hand	nands & lasp big o	knees) objects? objects?	
Check the <b>hea</b>	<b>viest</b> weig	ght lifted:		<u> </u>				
Less that	n 10 lbs	☐ 10 lbs	20 lbs		☐ 100 lbs	s. or mor	e 🗌 Oth	er
Check weight y	ou <b>frequ</b> e	ently lifted:	(By frequen	ntly, we mean	from 1/3 to 2/	3 of the	workday.)	
Less tha	n 10 lbs	☐ 10 lbs	☐ 25 lbs	☐ 50 lbs	or more	Other		
Did you superv	ise other	people in tl	nis job?		(Complete the	next		Skip to the last
How many people did you supervise?			3 items.)		qı	uestion on this page		
What part				sing people	e?			
Did you hi	e and fire	employee	s?	YES			□ №	
Were you				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 One) Hours per day Days per week \$ Week Hour ☐ Day ☐ Month 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 Use technical knowledge or skills? ☐ YES Do any writing, complete reports, or ☐ YES ☐ NO perform duties like this? In this job, how many total hours each day did you: Walk? Kneel? (Bend legs to rest on knees) Crouch? (Bend legs & back down & forward) Stand? Crawl? (Move on hands & knees) Sit? Handle, grab, or grasp big objects? Climb? Stoop? (Bend down and forward at waist) 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: Other 10 lbs ☐ 20 lbs ☐ 50 lbs 100 lbs. or more Less than 10 lbs Check weight you frequently lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.) ☐ 10 lbs Less than 10 lbs 25 lbs 50 lbs or more Other Did you supervise other people in this job? $\square$ YES (Complete the next (Skip to the last 3 items.) 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 Were you a lead worker? ☐ YES ☐ NO Form **SSA-3369-BK** (04-2014) ef (04-2014) PAGE 6

Give us more informatito.	on about	Job No. 6 I	isted on Pa	age 1. Estim	ate hours an	d pay, if you need	
JOB TITLE NO. 6							
Rate of Pay	-	Per (Check Or	ne)		Hours per d	lay Days per week	
\$ Hour	☐ Day	Week	☐ Month	Year			
Describe this job. What o	did you do	all day? (If	you need m	ore space, w	vrite in the"Re	marks" section.)	
In this job, did you:							
Use machines, tools	s, or equip	ment?	YES	□NO			
Use technical know	ledge or sk	ills?	YES	□ NO			
Do any writing, com perform duties like t		rts, or	YES	□NO			
In this job, how many to	tal hours e	ach day did	d 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 (Exp	olain what	you lifted, h	ow far you	carried it, and	d how often yo	ou did this.)	
Check the <b>heaviest</b> weig	ght lifted:						
Less than 10 lbs	☐ 10 lbs	☐ 20 lbs	☐ 50 lbs	☐ 100 lbs.	or more 🔲 (	Other	
Check weight you frequency	<b>ently</b> lifted	: (By frequent	ly, we mean t	from 1/3 to 2/3 o	of the workday.)		
Less than 10 lbs	☐ 10 lbs	25 lbs	☐ 50 lbs	or more	Other		
Did you supervise other	people in t	his job?	YES	(Complete the		(Skip to the last	
How many people did you supervise?			next 3 items.)		question on this page.)		
What part of your time w	as spent s	upervising p	people?		_		
Did you hire and fire emp	ployees?		YES		□NO		
Were you a lead worker	?		YES		NO		
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SECTION 3 - REMARKS				
Use this section to add any information you did not have space for in other parts	s of the form. Show t	he page number of the part		
you are continuing.  BE SURE TO COMPLETE THE BOTTOM OF 1	THIS PAGE.			
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City	State	ZIP Code		