

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.)*

() -
Area Code Phone Number

Your Number

Message Number

None

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.)

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. 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.)

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. 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? _____
- 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. 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? _____ | 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. 5 listed on Page 1. Estimate hours and pay, if you need to.

JOB TITLE NO. 5

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.)

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. 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.)

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

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.

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