

# **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 Paperwork Reduction Act of 1995. 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 OR BRING 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 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., 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 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.				

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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) <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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> 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. 2 listed on Page 1. Estimate hours and pay, if you need to.

<b>JOB TITLE NO. 2</b>			
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 _____

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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? <i>(Bend legs to rest on knees)</i> _____
Stand? _____	Crouch? <i>(Bend legs &amp; back down &amp; forward)</i> _____
Sit? _____	Crawl? <i>(Move on hands &amp; knees)</i> _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? <i>(Bend down and forward at waist)</i> _____	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) <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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> 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. 4 listed on Page 1. Estimate hours and pay, if you need to.

<b>JOB TITLE NO. 4</b>							
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> 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. 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.)

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In this job, did you:

Use machines, tools or equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> 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. 6 listed on Page 1. Estimate hours and pay, if you need to.

<b>JOB TITLE NO. 6</b>
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Rate of Pay <span style="float: right;">Per (Check One)</span> \$ _____ <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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Use technical knowledge or skills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any writing, complete reports, or perform duties like this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In **this job**, how many total hours each day did you:

Walk? _____	Kneel? <i>(Bend legs to rest on knees)</i> _____
Stand? _____	Crouch? <i>(Bend legs &amp; back down &amp; forward)</i> _____
Sit? _____	Crawl? <i>(Move on hands &amp; knees)</i> _____
Climb? _____	Handle, grab or grasp big objects? _____
Stoop? <i>(Bend down and forward at waist)</i> _____	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 person <i>(Please print)</i>		<b>Date</b>	
<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>	