WORK HISTORY REPORT

PLEASE READ ALL OF THIS INFORMATION BEFORE COMPLETING THIS REPORT

The office that makes the disability decision on your case will use the information you provide in this report to understand how your illnesses, injuries, or conditions might affect your ability to do work for which you are qualified. This information tells us about the kinds of work that you did, including the physical and mental requirements of each job.

IF YOU NEED HELP

If you need help with this report, complete as much of it as you can. Then call the phone number provided on the letter sent with the report or the phone number of the person who asked you to complete the report for help to finish it. **If you cannot speak or understand English, we will provide an interpreter free of charge.**

WHAT YOU NEED TO COMPLETE THIS REPORT

- Information about all the jobs that you had in the last 5 years before you became unable to work.
- **ANSWER EVERY QUESTION FOR EACH JOB YOU DESCRIBE** unless the report indicates otherwise. Provide as much detail as possible.
- If you cannot remember all the information about your jobs, provide what you do remember. If you do not know an 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 want to provide additional information.
- If you need more space to answer any questions, use **Section 3 - Remarks.**

REMEMBER TO PROVIDE THE INFORMATION ABOUT THE PERSON COMPLETING THIS REPORT IN SECTION 4.

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 1631(e), and 1872 of the Social Security Act, as amended, allow us to collect this information, which we will use to make a determination regarding your request to withdraw your hearing request. Providing this information is voluntary, but not providing all or part of the information may delay the determination. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0005 and 60-0009, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility or to recoup debts under these programs.

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 40 minutes 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 or any other aspects of this collection to this address, not the completed form.***

AFTER COMPLETING THIS REPORT, REMOVE THIS SHEET AND KEEP IT FOR YOUR RECORDS

WORK HISTORY REPORT

For SSA Use Only- Do not write in this box.
Related SSN Number Holder

Anyone who makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

SECTION 1 - INFORMATION ABOUT YOU

When a question refers to "you" or "your," it refers to the person who is applying for disability benefits. **If you are completing this report for someone else**, provide information about them.

A. NAME (First, Middle Initial, Last, Suffix)	B. SOCIAL SECURITY NUMBER

C. DAYTIME PHONE NUMBER(S) where we can call to speak with you or leave a message, if needed. Include area code or IDD and country code if outside the USA or Canada.

Primary: _____ Secondary: (if available) _____

SECTION 2 - WORK HISTORY

List all the jobs you had in the **5 years before you became unable to work** because of your medical conditions:

- List your most recent job first
- List all job titles even if they were for the same employer
- **Do not include jobs you held less than 30 calendar days**
- Include self-employment (e.g., rideshare driver, hair stylist)
- Include work in a foreign country

	Job Title (e.g., Cashier)	**Type of Business** (e.g., Grocery Store)	**Dates Worked**	
			From (MM/YYYY)	**To** (MM/YYYY)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SECTION 2 - WORK HISTORY (continued)

Provide more information about Job No. 1 listed in Section 2. Estimate hours and pay, if needed. If you need more space, use section 3.

JOB TITLE NO. 1 _____

Rate of Pay	Per *(Check One)*	Hours per Day	Days per Week
$ _____	☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year		

For the job you listed in **Job Title No. 1**, describe in detail the tasks you did in a typical workday. Examples of tasks include stocking shelves, greeting customers, scheduling appointments, or maintaining records.

If any of the tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much time you spent on it per workday or workweek.

If any of the tasks listed above involved supervising others, describe who or what you supervised and what supervisory duties you had. Examples of supervisory duties include evaluating employee job performance, making schedules, or maintaining time records.

List the machines, tools, and equipment you used regularly when doing this job, and explain what you used them for. Examples of equipment include computer, telephone, forklift, air compressor, or meat slicer.

Did this job require you to interact with coworkers, the general public, or anyone else? ☐ YES ☐ NO

If YES, describe who you interacted with, the purpose of the interaction, how you interacted, and how much time you spent doing it per workday or workweek. Examples include answering customer questions on the telephone for 5 hours per day or showing clients properties for sale in person for 4 hours per day.

SECTION 2 - WORK HISTORY (continued)

Tell us how much time you spent doing the following physical activities in a typical workday. The total hours/minutes for standing, walking, and sitting should equal the Hours per Day. The example below shows an 8-hour workday with 2 hours standing and walking, and 6 hours sitting (8 hours total).

Activity	How much of your workday? (Hours/Minutes)	Example:
Standing and walking (combined)		2 hours
Sitting		6 hours
Stooping (i.e., bending down & forward at waist)		15 minutes
Kneeling (i.e., bending legs to rest on knees)		15 minutes
Crouching (i.e., bending legs & back down & forward)		None
Crawling (i.e., moving on hands and knees)		None
Using fingers to touch, pick, or pinch (e.g., using a mouse, keyboard, turning pages, or buttoning a shirt): ☐ One Hand ☐ Both Hands		2 hours (both hands)
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle): ☐ One Hand ☐ Both Hands		1 hour (both hands)
Reaching at or below the shoulder: ☐ One Arm ☐ Both Arms		1 hour (both arms)
Reaching overhead (above the shoulder): ☐ One Arm ☐ Both Arms		None
Climbing stairs or ramps		None
Climbing ladders, ropes, or scaffolds		None

Tell us about lifting and carrying in this job. Explain what you lifted, how far you carried it, and how often you did it in a typical workday.

Select the **heaviest** weight lifted:

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 20 lbs.
☐ 50 lbs. ☐ 100 lbs. or more ☐ Other _____

Select the weight **frequently** lifted (i.e., 1/3 to 2/3 of the workday):

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 25 lbs. ☐ 50 lbs. or more ☐ Other _____

Did this job expose you to any of the following? Check all that apply.

☐ Outdoors ☐ Extreme heat (non-weather related) ☐ Extreme cold (non-weather related) ☐ Wetness
☐ Humidity ☐ Hazardous substances ☐ Moving mechanical parts ☐ High, exposed places
☐ Heavy vibrations ☐ Loud noises ☐ Other _____

If one or more boxes are checked, tell us about the exposure(s) and how often you were exposed.

Explain how your medical conditions would affect your ability to do this job.

SECTION 2 - WORK HISTORY (continued)

Provide more information about Job No. 2 listed in Section 2. Estimate hours and pay, if needed. If you need more space, use section 3.

JOB TITLE NO. 2 _____

Rate of Pay	Per *(Check One)*	Hours per Day	Days per Week
$ _____	☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year		

For the job you listed in **Job Title No. 2**, describe in detail the tasks you did in a typical workday. Examples of tasks include stocking shelves, greeting customers, scheduling appointments, or maintaining records.

If any of the tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much time you spent on it per workday or workweek.

If any of the tasks listed above involved supervising others, describe who or what you supervised and what supervisory duties you had. Examples of supervisory duties include evaluating employee job performance, making schedules, or maintaining time records.

List the machines, tools, and equipment you used regularly when doing this job, and explain what you used them for. Examples of equipment include computer, telephone, forklift, air compressor, or meat slicer.

Did this job require you to interact with coworkers, the general public, or anyone else? ☐ YES ☐ NO

If YES, describe who you interacted with, the purpose of the interaction, how you interacted, and how much time you spent doing it per workday or workweek. Examples include answering customer questions on the telephone for 5 hours per day or showing clients properties for sale in person for 4 hours per day.

SECTION 2 - WORK HISTORY (continued)

Tell us how much time you spent doing the following physical activities in a typical workday. The total hours/minutes for standing, walking, and sitting should equal the Hours per Day.

Activity		How much of your workday? (Hours/Minutes)
Standing and walking (combined)		
Sitting		
Stooping (i.e., bending down & forward at waist)		
Kneeling (i.e., bending legs to rest on knees)		
Crouching (i.e., bending legs & back down & forward)		
Crawling (i.e., moving on hands and knees)		
Using fingers to touch, pick, or pinch (e.g., using a mouse, keyboard, turning pages, or buttoning a shirt):	☐ One Hand ☐ Both Hands	
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle):	☐ One Hand ☐ Both Hands	
Reaching at or below the shoulder:	☐ One Arm ☐ Both Arms	
Reaching overhead (above the shoulder):	☐ One Arm ☐ Both Arms	
Climbing stairs or ramps		
Climbing ladders, ropes, or scaffolds		

Tell us about lifting and carrying in this job. Explain what you lifted, how far you carried it, and how often you did it in a typical workday.

Select the **heaviest** weight lifted:

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 20 lbs.
☐ 50 lbs. ☐ 100 lbs. or more ☐ Other _____

Select the weight **frequently** lifted (i.e., 1/3 to 2/3 of the workday):

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 25 lbs. ☐ 50 lbs. or more ☐ Other _____

Did this job expose you to any of the following? Check all that apply.

☐ Outdoors ☐ Extreme heat (non-weather related) ☐ Extreme cold (non-weather related) ☐ Wetness
☐ Humidity ☐ Hazardous substances ☐ Moving mechanical parts ☐ High, exposed places
☐ Heavy vibrations ☐ Loud noises ☐ Other _____

If one or more boxes are checked, tell us about the exposure(s) and how often you were exposed.

Explain how your medical conditions would affect your ability to do this job.

SECTION 2 - WORK HISTORY (continued)

Provide more information about Job No. 3 listed in Section 2. Estimate hours and pay, if needed. If you need more space, use section 3.

JOB TITLE NO. 3 _____

Rate of Pay	Per *(Check One)*	Hours per Day	Days per Week
$ _____	☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year		

For the job you listed in **Job Title No. 3**, describe in detail the tasks you did in a typical workday. Examples of tasks include stocking shelves, greeting customers, scheduling appointments, or maintaining records.

If any of the tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much time you spent on it per workday or workweek.

If any of the tasks listed above involved supervising others, describe who or what you supervised and what supervisory duties you had. Examples of supervisory duties include evaluating employee job performance, making schedules, or maintaining time records.

List the machines, tools, and equipment you used regularly when doing this job, and explain what you used them for. Examples of equipment include computer, telephone, forklift, air compressor, or meat slicer.

Did this job require you to interact with coworkers, the general public, or anyone else? ☐ YES ☐ NO

If YES, describe who you interacted with, the purpose of the interaction, how you interacted, and how much time you spent doing it per workday or workweek. Examples include answering customer questions on the telephone for 5 hours per day or showing clients properties for sale in person for 4 hours per day.

SECTION 2 - WORK HISTORY (continued)

Tell us how much time you spent doing the following physical activities in a typical workday. The total hours/minutes for standing, walking, and sitting should equal the Hours per Day.

Activity		How much of your workday? (Hours/Minutes)
Standing and walking (combined)		
Sitting		
Stooping (i.e., bending down & forward at waist)		
Kneeling (i.e., bending legs to rest on knees)		
Crouching (i.e., bending legs & back down & forward)		
Crawling (i.e., moving on hands and knees)		
Using fingers to touch, pick, or pinch (e.g., using a mouse, keyboard, turning pages, or buttoning a shirt):	☐ One Hand ☐ Both Hands	
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle):	☐ One Hand ☐ Both Hands	
Reaching at or below the shoulder:	☐ One Arm ☐ Both Arms	
Reaching overhead (above the shoulder):	☐ One Arm ☐ Both Arms	
Climbing stairs or ramps		
Climbing ladders, ropes, or scaffolds		

Tell us about lifting and carrying in this job. Explain what you lifted, how far you carried it, and how often you did it in a typical workday.

Select the **heaviest** weight lifted:

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 20 lbs.
☐ 50 lbs. ☐ 100 lbs. or more ☐ Other _____

Select the weight **frequently** lifted (i.e., 1/3 to 2/3 of the workday):

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 25 lbs. ☐ 50 lbs. or more ☐ Other _____

Did this job expose you to any of the following? Check all that apply.

☐ Outdoors ☐ Extreme heat (non-weather related) ☐ Extreme cold (non-weather related) ☐ Wetness
☐ Humidity ☐ Hazardous substances ☐ Moving mechanical parts ☐ High, exposed places
☐ Heavy vibrations ☐ Loud noises ☐ Other _____

If one or more boxes are checked, tell us about the exposure(s) and how often you were exposed.

Explain how your medical conditions would affect your ability to do this job.

SECTION 2 - WORK HISTORY (continued)

Provide more information about Job No. 4 listed in Section 2. Estimate hours and pay, if needed. If you need more space, use section 3.

JOB TITLE NO. 4 _____

Rate of Pay	Per *(Check One)*	Hours per Day	Days per Week
$ _____	☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year		

For the job you listed in **Job Title No. 4**, describe in detail the tasks you did in a typical workday. Examples of tasks include stocking shelves, greeting customers, scheduling appointments, or maintaining records.

If any of the tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much time you spent on it per workday or workweek.

If any of the tasks listed above involved supervising others, describe who or what you supervised and what supervisory duties you had. Examples of supervisory duties include evaluating employee job performance, making schedules, or maintaining time records.

List the machines, tools, and equipment you used regularly when doing this job, and explain what you used them for. Examples of equipment include computer, telephone, forklift, air compressor, or meat slicer.

Did this job require you to interact with coworkers, the general public, or anyone else? ☐ YES ☐ NO

If YES, describe who you interacted with, the purpose of the interaction, how you interacted, and how much time you spent doing it per workday or workweek. Examples include answering customer questions on the telephone for 5 hours per day or showing clients properties for sale in person for 4 hours per day.

SECTION 2 - WORK HISTORY (continued)

Tell us how much time you spent doing the following physical activities in a typical workday. The total hours/minutes for standing, walking, and sitting should equal the Hours per Day.

Activity		How much of your workday? (Hours/Minutes)
Standing and walking (combined)		
Sitting		
Stooping (i.e., bending down & forward at waist)		
Kneeling (i.e., bending legs to rest on knees)		
Crouching (i.e., bending legs & back down & forward)		
Crawling (i.e., moving on hands and knees)		
Using fingers to touch, pick, or pinch (e.g., using a mouse, keyboard, turning pages, or buttoning a shirt):	☐ One Hand ☐ Both Hands	
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle):	☐ One Hand ☐ Both Hands	
Reaching at or below the shoulder:	☐ One Arm ☐ Both Arms	
Reaching overhead (above the shoulder):	☐ One Arm ☐ Both Arms	
Climbing stairs or ramps		
Climbing ladders, ropes, or scaffolds		

Tell us about lifting and carrying in this job. Explain what you lifted, how far you carried it, and how often you did it in a typical workday.

Select the **heaviest** weight lifted:

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 20 lbs.
☐ 50 lbs. ☐ 100 lbs. or more ☐ Other _____

Select the weight **frequently** lifted (i.e., 1/3 to 2/3 of the workday):

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 25 lbs. ☐ 50 lbs. or more ☐ Other _____

Did this job expose you to any of the following? Check all that apply.

☐ Outdoors ☐ Extreme heat (non-weather related) ☐ Extreme cold (non-weather related) ☐ Wetness
☐ Humidity ☐ Hazardous substances ☐ Moving mechanical parts ☐ High, exposed places
☐ Heavy vibrations ☐ Loud noises ☐ Other _____

If one or more boxes are checked, tell us about the exposure(s) and how often you were exposed.

Explain how your medical conditions would affect your ability to do this job.

SECTION 2 - WORK HISTORY (continued)

Provide more information about Job No. 5 listed in Section 2. Estimate hours and pay, if needed. If you need more space, use section 3.

JOB TITLE NO. 5 _____

Rate of Pay	Per *(Check One)*					Hours per Day	Days per Week
$ _____	☐ Hour	☐ Day	☐ Week	☐ Month	☐ Year		

For the job you listed in **Job Title No. 5**, describe in detail the tasks you did in a typical workday. Examples of tasks include stocking shelves, greeting customers, scheduling appointments, or maintaining records.

If any of the tasks listed above involved writing or completing reports, describe the type of report you wrote or completed and how much time you spent on it per workday or workweek.

If any of the tasks listed above involved supervising others, describe who or what you supervised and what supervisory duties you had. Examples of supervisory duties include evaluating employee job performance, making schedules, or maintaining time records.

List the machines, tools, and equipment you used regularly when doing this job, and explain what you used them for. Examples of equipment include computer, telephone, forklift, air compressor, or meat slicer.

Did this job require you to interact with coworkers, the general public, or anyone else? ☐ YES ☐ NO

If YES, describe who you interacted with, the purpose of the interaction, how you interacted, and how much time you spent doing it per workday or workweek. Examples include answering customer questions on the telephone for 5 hours per day or showing clients properties for sale in person for 4 hours per day.

SECTION 2 - WORK HISTORY (continued)

Tell us how much time you spent doing the following physical activities in a typical workday. The total hours/minutes for standing, walking, and sitting should equal the Hours per Day.

Activity		How much of your workday? (Hours/Minutes)
Standing and walking (combined)		
Sitting		
Stooping (i.e., bending down & forward at waist)		
Kneeling (i.e., bending legs to rest on knees)		
Crouching (i.e., bending legs & back down & forward)		
Crawling (i.e., moving on hands and knees)		
Using fingers to touch, pick, or pinch (e.g., using a mouse, keyboard, turning pages, or buttoning a shirt):	☐ One Hand ☐ Both Hands	
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle):	☐ One Hand ☐ Both Hands	
Reaching at or below the shoulder:	☐ One Arm ☐ Both Arms	
Reaching overhead (above the shoulder):	☐ One Arm ☐ Both Arms	
Climbing stairs or ramps		
Climbing ladders, ropes, or scaffolds		

Tell us about lifting and carrying in this job. Explain what you lifted, how far you carried it, and how often you did it in a typical workday.

Select the **heaviest** weight lifted:

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 20 lbs.
☐ 50 lbs. ☐ 100 lbs. or more ☐ Other _____

Select the weight **frequently** lifted (i.e., 1/3 to 2/3 of the workday):

☐ Less than 1 lb. ☐ Less than 10 lbs. ☐ 10 lbs. ☐ 25 lbs. ☐ 50 lbs. or more ☐ Other _____

Did this job expose you to any of the following? Check all that apply.

☐ Outdoors ☐ Extreme heat (non-weather related) ☐ Extreme cold (non-weather related) ☐ Wetness
☐ Humidity ☐ Hazardous substances ☐ Moving mechanical parts ☐ High, exposed places
☐ Heavy vibrations ☐ Loud noises ☐ Other _____

If one or more boxes are checked, tell us about the exposure(s) and how often you were exposed.

Explain how your medical conditions would affect your ability to do this job.

SECTION 3 - REMARKS

Please provide any additional information you did not give in earlier parts of this report. If you did not have enough space in the prior sections of this report to provide the requested information, please use this space to provide the additional information requested in those sections. Be sure to include the job title number and question to which you are referring. If you add more jobs than the 5 jobs listed, please provide the same information as you did for job titles numbers 1-5 on a separate sheet of paper(s).

BE SURE TO COMPLETE THE BOTTOM OF THIS PAGE.

SECTION 4 - WHO IS COMPLETING THIS REPORT

Date Report Completed (MM/DD/YYYY)

Who is completing this report?

☐ The person listed in **1.A.**

☐ Someone else (Complete the information below)

NAME (First, Middle Initial, Last)	Relationship to the Person in **1.A.**

MAILING ADDRESS (Street or PO Box) Include the apartment number, if applicable.

CITY	STATE/Province	ZIP/Postal Code	COUNTRY (if not USA)

DAYTIME PHONE NUMBER where we may reach you or leave a message, if needed. Include the area code or IDD and country code if outside the USA or Canada.