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## WORK HISTORY REPORT

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### 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.**

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## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 223(d), 1614(a), and 1631 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to make a determination on eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
- To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting SSA in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784, and 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

**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
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**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
\$ _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> 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): <input type="checkbox"/> One Hand <input type="checkbox"/> 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): <input type="checkbox"/> One Hand <input type="checkbox"/> Both Hands		1 hour (both hands)
Reaching at or below the shoulder: <input type="checkbox"/> One Arm <input type="checkbox"/> Both Arms		1 hour (both arms)
Reaching overhead (above the shoulder): <input type="checkbox"/> One Arm <input type="checkbox"/> 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
\$ _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> 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):	<input type="checkbox"/> One Hand <input type="checkbox"/> Both Hands
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle):	<input type="checkbox"/> One Hand <input type="checkbox"/> Both Hands
Reaching at or below the shoulder:	<input type="checkbox"/> One Arm <input type="checkbox"/> Both Arms
Reaching overhead (above the shoulder):	<input type="checkbox"/> One Arm <input type="checkbox"/> 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
\$ _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> 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):	<input type="checkbox"/> One Hand <input type="checkbox"/> Both Hands
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle):	<input type="checkbox"/> One Hand <input type="checkbox"/> Both Hands
Reaching at or below the shoulder:	<input type="checkbox"/> One Arm <input type="checkbox"/> Both Arms
Reaching overhead (above the shoulder):	<input type="checkbox"/> One Arm <input type="checkbox"/> 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
\$ _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> 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):	<input type="checkbox"/> One Hand <input type="checkbox"/> Both Hands
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle):	<input type="checkbox"/> One Hand <input type="checkbox"/> Both Hands
Reaching at or below the shoulder:	<input type="checkbox"/> One Arm <input type="checkbox"/> Both Arms
Reaching overhead (above the shoulder):	<input type="checkbox"/> One Arm <input type="checkbox"/> 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
\$ _____	<input type="checkbox"/> Hour	<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> 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):	<input type="checkbox"/> One Hand <input type="checkbox"/> Both Hands
Using hands to seize, hold, grasp, or turn (e.g., holding a large envelope, a small box, a hammer, or water bottle):	<input type="checkbox"/> One Hand <input type="checkbox"/> Both Hands
Reaching at or below the shoulder:	<input type="checkbox"/> One Arm <input type="checkbox"/> Both Arms
Reaching overhead (above the shoulder):	<input type="checkbox"/> One Arm <input type="checkbox"/> 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.