

WORK HISTORY REPORTFor 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.)☐ Your Number ☐ Message Number ☐ NoneArea Code Phone Number**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 (Month & Year)	
		From	To
1. BOOKKEEPER	OFFICE EQUIPMENT SALES AND SERVICE	09/2011	CURRENT
2. COMPUTER TECHNICIAN	OFFICE EQUIPMENT SALES AND SERVICE	12/1998	10/2011
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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
\$ <u>(PAY RATE)</u>	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	8 NOW ONLY 3 TO 4	5 NOW ONLY 4

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

Accounts Payable. Accounts Receivable, Financials, Inventory. Creating, amending, billing of Service agreement contracts. Database management. Software Upgrades. Graphics, ads, flyers.

Backup Procedures, assist with taking service requests and writing up workorders, answered phone

In this job, did you:	Use machines, tools or equipment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	Use technical knowledge or skills?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	Do any writing, complete reports, or perform duties like this?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

Walk?	<u>1</u>	Kneel? (Bend legs to rest on knees)	<u>minimal</u>
Stand?	<u>1</u>	Crouch? (Bend legs & back down & forward)	<u>minimal</u>
Sit?	<u>6</u>	Crawl? (Move on hands & knees)	<u>minimal</u>
Climb?	<u>minimal</u>	Handle, grab or grasp big objects?	<u>1</u>
Stoop? (Bend down and forward at waist)	<u>minimal</u>	Reach? <u>minimal</u>	
		Write, type or handle small objects?	<u>6</u>

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

I used to be able to carry computers back to the technicians, or out for customers picking them up, but I can no longer do it. I can't even assist them with accessories anymore as I can't pick things up without the fear of dropping them, can't get the cabinets open, and can't bend down or reach up far enough to get thing. Plus it takes me so long to get out of my chair when a customer comes in. I've been moved to a back office now instead of up front.

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
\$ <u>PAY RATE</u>	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	<u>8</u>	<u>5</u>

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

Setup and installed computers and software. Installed printer & mfps. Network equipment.
Cabling. Computer repair. Software training. Database development. IT for internal systems.
Website development. Installed and supported Accounting systems.

In this job, did you:

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

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

Walk?	<u>1</u>	Kneel? (Bend legs to rest on knees)	<u>.5</u>
Stand?	<u>4</u>	Crouch? (Bend legs & back down & forward)	<u>.5</u>
Sit?	<u>2</u>	Crawl? (Move on hands & knees)	<u>.5</u>
Climb?	<u>minimal</u>	Handle, grab or grasp big objects?	<u>1</u>
Stoop? (Bend down and forward at waist)	<u>.5</u>	Reach?	<u>.5</u>
		Write, type or handle small objects?	<u>5</u>

Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

In this position I was required to install computers and printers out in the field. Included
loading up equipment in the car, carrying it into customers offices and installing it
distance varied depending on location.

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.

CONTINUING PAGE 2, JOB #1:

I've worked both positions for the same company. When my physical abilities became too bad to go out in the field or physically work on computers in house, I retained my position as technician for a while as we were implementing new software at the company and I was Involved with that. After that the company could no longer employ me as a technician and they offered me the position as the bookkeeper since the bookkeeper at the time was planning on retiring. When I took the position my hands/fingers had already contracted to a claw like position, but I could still function on the computer and general office work. Over the years the scleroderma which affects my skin, joints, muscles and all my tendons continued to disable me to the effect that I only have three fingers that have any use in typing or paperwork, and they have very limited movement. My knees can't bend very far and are hard to straighten. My shoulders, arms and elbows are hard, stiff, and contracted, so I can barely raise them to the top of my head. I continually have ulcers and calcinosis on my hands fingers and arms, are a very painful addition to the already painful contracted and damaged fingers and arms. When these are open or get infected, I basically can't use my hands/fingers for fear of amputation. My bigger extremities, hips, back. and legs are now so affected that even using a ledge to assist me to get out of my office chair doesn't work so I have to have someone assist me. Every time I have to get out of the chair to get something, try to file something, make a copy etc is a painful procedure. Instead of continuing at the normal rate of decline, my scleroderma has become more active causing more disability at a higher pace. Scleroderma is called the disease that turns people to stone, and I'm an excellent example. Sitting too long, or having an arm or elbow in one position causes the tendons to lock up, and it is very painful and takes a lot of energy to break them free. My routine now just to get to work requires someone to dress me as I no longer can dress myself, get me in and out of the car and take me to work. My work schedule now depends on my friends and families schedules. I would have been unemployed years ago if not for the company I work for. I have been with the company for so long and have so much knowledge of the workings of the company that they have made every effort to keep me there. At the time I took the bookkeeping position I was already so bad off that no one else would have hired me. Most people don't understand how I have possibly kept working.

Name of person completing this form if other than the disabled person (Please print)

Date (Month, day, year)

Address (Number and Street)

Email address (optional)

City

State

ZIP Code