| Office of Hearings and Appeals | | | | OMB No. 0960-0300 |
|---|----------------------------|---|---|--|
| | CLAIMANT'S \ | WORK BACKGRO | DUND | |
| A. To be completed by Hearin | g Office | | | |
| (Claimant and Social Security Number) | | (Wage Earner and Social Security number) (Leave blank if same as claimant) | | The last time we brought your case up-to-date was: |
| B. To be completed by the cla | imant | | | |
| | PLE | ASE PRINT | | |
| Start with your most recent join | b, and list that and any v | vork performed within | the past 15 years | 3, |
| DATES OF EMPLOYMENT (APPROXIMATELY) | NAME OF EMPLOCATION OF E | | DUTIES PERFORMED | |
| FROM | | | | |
| то | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 2 |
| | | | | |
| | | | - | |
| | | | | X X |
| FROM | | | | |
| то | | | | |
| | | | | , , , , , , , , , , , , , , , , , , , |
| | | | | |
| | | | | |
| FROM | | | | |
| то | | | *************************************** | |
| | 1 | | | |
| | | | | |
| | | | | , |
| FROM | | | | |
| то | | | | |
| | | | | |

Form **HA-4633** (02-2012) ef (02-2012) Issue Old Stock

If more space is needed, use additional sheets.