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EMPLOYER QUESTIONNAIRE REFUSAL OF SUITABLE WORK

Submit the completed form, along with any additional documentation, within seven (7) days of the refusal of a job offer or referral. (All fields marked in red must be completed prior to submission.)

Claimant's Name: _____ Social Security No.: XXX-XX-_____

Employer's Name: _____ UC Acct No.: _____

Contact Person: _____ Title: _____

Employer's Address: _____ Email: _____

_____ Telephone No.: _____

Temporary Staffing Agency? Yes No Fax Number: _____

In order for the department to determine the claimant's eligibility for unemployment compensation and to protect your employer account, please answer the following questions:

1. Did the claimant refuse to accept a referral to employment? Yes No

If Yes:

- (a) In what manner was the referral made? _____
- (b) Who made the referral? _____
- (c) Please explain the type of employment to which the claimant was referred.

2. Did you offer the claimant a specific job that the claimant refused? Yes No

If Yes:

- (a) Has the claimant ever worked for you? Yes No
- (b) On what date was the job offer made? _____
- (c) How was the job offer made? _____
- (d) Who made the job offer? _____

3. What reason did the claimant give for refusing the job offer or referral to employment?

4. What were the duties of the job that was offered/referred?

- (a) What was the job's rate of pay? _____ per _____ Temporary Permanent
- (b) What were the scheduled working hours? _____ Full time Part time
- (c) Where was the job located? _____
- (d) Please describe any unusual requirements or conditions of work
- (e) When was the job scheduled to start? _____
- (f) If the job was temporary, when was it scheduled to end? _____

I certify that all information I have provided is true and correct.

Signature _____ Title _____ Date _____