



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 _____