

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 with an Asterisk (*) must be completed prior to submission.)

*Individual's Name: _____ *Social Security No.: XXX-XX- _____
 *Employer's Name: _____ *UC Acct No.: _____
 *Contact Person: _____ Email: _____
 Employer's Address: _____ *Telephone No.: _____

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

1. Are you reporting that this individual failed to report to work for a scheduled shift, accept a job assignment or return when recalled following a temporary layoff or temporary leave of absence? Yes No
If yes, STOP HERE. This form is for reporting potential new hires or where no employment relationship currently exists.

2. Are you a temporary staffing agency? Yes No

3. Did the individual refuse to attend or fail to report to a job interview or other applicant selection activity? Yes No

If Yes:

How was the individual notified of the job interview or other applicant selection activity?

Who notified the individual of the job interview or other applicant selection activity?

Did the individual provide a reason for not participating? Yes No

If yes, what was the reason given?

4. Did the individual's actions or answers during the job interview or other applicant selection activity serve to discourage you from offering work? Yes No

If yes, please explain:

5. Did the individual refuse a job offer or job referral? Yes No

If Yes:

Did the individual refuse a job offer or job referral? Job offer Job referral

Did the individual provide a reason for refusing? Yes No

If yes, what was the reason given?

What date was the offer/referral made?

Scheduled start date of the job being offered/referred:

Who made the offer/referral and in what manner was it made?

What was the job title and what were the job duties?

Please describe any unusual requirements or conditions of work:

Rate of pay: \$ _____ per _____

Was the job temporary or permanent? Temporary Permanent

If temporary, when was it scheduled to end?

What were the scheduled working hours?

Was the job full or part time? Full Time Part Time

Work site location:

I acknowledge that false statements in this document are punishable pursuant to 18 Pa. C.S § 4904, relating to unsworn falsification to authorities.

All information is true, correct and complete to the best of my knowledge and belief.

FOR EMPLOYERS: I acknowledge that an employer or any officer or agent of such employer who makes a false statement or representation knowing it to be false or who fails to disclose a material fact to prevent or reduce the payment of UC benefits to any employee commits a criminal offence under Section 802(a)(1) of the UC Law, 43 P.S. § 872(a)(1).

*Signature

*Title

*Date

RESET

SAVE AS

PRINT

SUBMIT

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program