

MAIL: Unemployment Contact Center
P.O. Box 3539
Topeka, KS 66601-3539
FAX: (785) 296-3249
EMAIL*: **Submit**

JOB REFUSAL STATEMENT – CLAIMANT

K-BEN 3118-A Web (Rev. 10-17)

*See important Email Notice on website.

Complete this form and return it within **seven days** of the date you filed your claim. **Failure to reply by this date may result in a denial of benefits or possible overpayment.**

Claimant name: _____ Social Security number: _____

Did you refuse a job? YES NO If NO, complete the **CERTIFICATION ONLY**. If YES, complete the **ENTIRE FORM**.

JOB REFUSED:

Date job refused (mm/dd/yyyy): _____ Reasons: _____

Name of employer that offered the job: _____

Address: _____ City: _____ State: _____ ZIP: _____

Person who offered the job: _____ Title: _____

Phone: () _____ Date of job offer (mm/dd/yyyy): _____ Date job to begin (mm/dd/yyyy): _____

Job title: _____ Job duties: _____

Location of job site (address, city, state, ZIP): _____

Distance from your home to job site: _____

How was the job offer made (in person, by phone, by mail, through a union, etc.)? _____

Were there any union requirements? YES NO If YES, explain: _____

Rate of pay offered: \$ _____ Per: Hour Week Bi-weekly Month Year

Hours required to work: _____ AM PM to _____ AM PM Number of days per week: _____

Expected duration of job: _____

Do you have training or experience in the type of work that was offered? YES NO

Type of work you are now seeking: _____

YOUR LAST JOB:

Job title: _____ Job duties: _____

Rate of pay: \$ _____ Per: Hour Week Bi-weekly Month Year

Distance from your home to job site: _____

CERTIFICATION: I certify that the information I have provided is correct and complete, and I understand the willful or intentional misrepresentation or failure to disclose a material fact is punishable under the Kansas Employment Security Law.

Signature: _____ Phone: () _____ Date: _____