



## Job Refusal Checklist Form

**1. Claimant Information:**

a. Name: \_\_\_\_\_

b. SSN: \_\_\_\_\_

**2. Date of Refusal:** \_\_\_\_\_

**3. Name of Client:** \_\_\_\_\_

**4. Type of Work:** \_\_\_\_\_

**5. Rate of Pay:** \_\_\_\_\_

**6. Scheduled Start Date:** \_\_\_\_\_

**7. Length of Job:** \_\_\_\_\_

**8. Work Hours:** \_\_\_\_\_

**9. Total Work Hours Per Week:** \_\_\_\_\_

**10. Job Location:** \_\_\_\_\_

**11. How was the Job Offered:** \_\_\_\_\_

**12. Name and Title of Person Offering Job:** \_\_\_\_\_

**13. What Reason did this person give for Refusing Job? Please be specific.** \_\_\_\_\_

\_\_\_\_\_  
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