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# JOB REFUSAL STATEMENT – CLAIMANT

K-BEN 3118-A Web (Rev. 5-14)

\*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: \_\_\_\_\_

**Submit**