



REFUSAL OF REFERRAL FROM DLT COUNSELOR OR EMPLOYER

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____

Last 4 Digits of your Social Security #: _____ Date completing questionnaire: _____

Claimant Statement

1. When did RI Department of Labor and Training (DLT) refer you to the job? (mm/dd/yyyy)? _____

2. Who referred you to the job? DLT Job Counselor/Local Office Employ RI Job Bank
 a. If referral was made by your job counselor from DLT, please provide the counselor's name

3. How were you instructed to apply for the job? In Person By Phone Send résumé Email

4. What was the position? _____

5. What was the rate of pay? _____

6. What were the hours of work? _____

7. Who was the employer? _____

8. Where was the job located? _____

9. How were you notified by the counselor or Employ RI to apply for the position?

In Person By Phone By Letter By Email

10. How many miles was this job from your home?

Less than 10 miles 10-20 miles 20-30 miles More than 30 miles I don't know

11. Why did you refuse the referral of work?

12. What is your normal occupation? _____

13. Do you have prior work experience in the job to which you were referred? YES NO

14. Select all the shifts you can work: Day - 1st shift Evening - 2nd shift Overnight-3rd shift Anytime

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____