



SELECTIVE SERVICE SYSTEM

EMPLOYER DATA SHEET (RIPS/RIMS)

SECTION I IDENTIFICATION OF EMPLOYER

ASPS Employer No. _____
(To Be Entered by ASO)

Enter the official name of the organization that will be employing Alternative Service Workers, the street address, zip code and telephone number. The Key Contact is the person who will oversee the program for the employer.

EMPLOYER _____
(NAME)

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP CODE)

KEY CONTACT _____ TITLE/POSITION _____
(NAME)

TELEPHONE (INCLUDE AREA CODE) FAX TELEPHONE (INCLUDE AREA CODE) E-MAIL ADDRESS

WORK SITE _____
ADDRESS (NAME)

(STREET)

(CITY) (STATE) (ZIP CODE)

KEY CONTACT _____ TITLE/POSITION _____
(NAME)

TELEPHONE (INCLUDE AREA CODE) FAX TELEPHONE (INCLUDE AREA CODE) E-MAIL ADDRESS

COMMENTS

PREPARED BY _____ DATE PREPARED _____

| SECTION II - OWNERSHIP | SECTION III - TYPE OF ORGANIZATION | | | | | | |
|--|---|--|--|--|--|--|--|
| <p>Circle the number indicating type of ownership.</p> <ol style="list-style-type: none"> 1. Federal 2. State 3. County 4. City or Municipal 5. Private | <p>Circle the number that best describes the primary nature of the organization (Circle only one response.)</p> <table border="0"> <tr> <td data-bbox="662 260 971 569"> <p>A. Health Care Services</p> <ol style="list-style-type: none"> 1. General Acute Care Hospital 2. Extended Care/Nursing Home 3. Home for the Aged 4. Clinic 5. Rehabilitation Center 6. Home Health Care 7. Community Outreach Program 8. Mental Health Service </td> <td data-bbox="974 260 1218 611"> <p>C. Social Services</p> <ol style="list-style-type: none"> 1. Sheltered Workshop 2. Handicapped 3. Vocational Training 4. Social Welfare 5. Senior Citizens 6. Child Care/Day Care 7. Youth Program 8. Crisis Intervention 9. Poverty Programs </td> <td data-bbox="1240 260 1484 541"> <p>E. Agriculture</p> <p>F. Education</p> <ol style="list-style-type: none"> 1. Elementary School 2. High School 3. College/University 4. Vocational School 5. Research Institution </td> </tr> <tr> <td></td> <td data-bbox="662 615 971 856"> <p>B. Environmental Activities</p> <ol style="list-style-type: none"> 1. Conservation 2. Firefighting 3. Parks and Recreation 4. Pollution Control 5. Weather Programs 6. Disaster Relief </td> <td data-bbox="974 653 1218 930"> <p>D. Community Services</p> <ol style="list-style-type: none"> 1. Fire Protection 2. Police Protection 3. Public Works 4. Sanitation 5. Recreation 6. Transportation 7. Correctional Facility </td> </tr> </table> | <p>A. Health Care Services</p> <ol style="list-style-type: none"> 1. General Acute Care Hospital 2. Extended Care/Nursing Home 3. Home for the Aged 4. Clinic 5. Rehabilitation Center 6. Home Health Care 7. Community Outreach Program 8. Mental Health Service | <p>C. Social Services</p> <ol style="list-style-type: none"> 1. Sheltered Workshop 2. Handicapped 3. Vocational Training 4. Social Welfare 5. Senior Citizens 6. Child Care/Day Care 7. Youth Program 8. Crisis Intervention 9. Poverty Programs | <p>E. Agriculture</p> <p>F. Education</p> <ol style="list-style-type: none"> 1. Elementary School 2. High School 3. College/University 4. Vocational School 5. Research Institution | | <p>B. Environmental Activities</p> <ol style="list-style-type: none"> 1. Conservation 2. Firefighting 3. Parks and Recreation 4. Pollution Control 5. Weather Programs 6. Disaster Relief | <p>D. Community Services</p> <ol style="list-style-type: none"> 1. Fire Protection 2. Police Protection 3. Public Works 4. Sanitation 5. Recreation 6. Transportation 7. Correctional Facility |
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PRIVACY ACT STATEMENT

The Military Selective Service Act and Selective Service Regulations authorize the Selective Service System to receive the information requested by this form. Your failure to provide this information may result in the lack of referrals of Alternative Service Workers for employment.

The principal use of the requested information is to assist the Selective Service System in placing Alternative Service Workers in appropriate jobs

**PROCEDURAL DIRECTIVE
EMPLOYER DATA SHEET
SSS FORM 153
(RIPS/RIMS)**

1. PURPOSE

This form is used to record information about prospective employers of Alternative Service Workers.

2. PREPARATION

Completed in original copy, either by the employer or by a Selective Service representative in consultation with the employer.

3. DISTRIBUTION

Maintained at the Alternative Service Office in whose geographical area the employer is located.

4. DISPOSAL

Retained in the Alternative Service Office until five years after termination of the agreement, at which time it is destroyed.

However, if the employer is denied, the form is destroyed 30 days hence denial.