



**SELECTIVE SERVICE SYSTEM  
REQUEST FOR OVERSEAS JOB ASSIGNMENT  
(RIPS/RIMS)**

DATE ISSUED

ASW's Selective Service No., Full Name, Complete Address	Alternative Service Office Number and Address
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This form is the first page of a joint application for assignment of the above named Alternative Service Worker (ASW) to an overseas job with the employer identified below:

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ (TELEPHONE) \_\_\_\_\_ (E-MAIL)

It is understood that:

- o The applicants must attach to this form a letter, signed by both the ASW and the employer identified above, describing the proposed job and arrangements in sufficient detail to permit the Selective Service System to make a decision on the request.
- o The employer must have its headquarters in the United States, be able to provide the ASW with work which contributes to the national health, safety, or interest, provide regular assignments on a full-time basis, and have the capability to supervise and monitor the overseas work of an ASW.
- o It is the responsibility of the ASW or the employer to arrange and pay for travel to and from any overseas assignment, including all details involved in the travel such as passport, visas, inoculations, baggage and tickets.
- o The ASW and the employer will be notified as soon as a decision on this application has been made by the Selective Service System. The ASW should not travel to the proposed overseas assignment or commence work until the proposed job has been approved.

\_\_\_\_\_ pages describing the details of this request are attached.  
(Number)

**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.

For the Employer:

Alternative Service Worker:

\_\_\_\_\_  
(SIGNATURE AND TITLE) (DATE) (SIGNATURE) (DATE)

RETURN THIS APPLICATION TO THE ALTERNATIVE SERVICE OFFICE IDENTIFIED ABOVE

### **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. You are not required to provide this information, however, your failure to provide it may result in denial of your request for an overseas job assignment.

The principal use of the requested information is to assist the Selective Service System in placing Alternative Service Workers in appropriate jobs. The information may be furnished to the following agencies for the purpose indicated:

**Department of Justice** - to review and process suspected violations of the Military Selective Service Act and to litigate civil actions occurring under or incident to the Military Selective Service Act.

**Federal Bureau of Investigation** - to locate an individual suspected of violation of the Military Selective Service Act.

**Immigration and Naturalization Service** - to provide information for use in determining an individual's eligibility for reentry into the United States and United States citizenship.

**Department of State** - for determination of an alien's eligibility for possible entry into the United States and United States citizenship.

**Department of Health and Human Services** - to locate parents pursuant to the Child Support Enforcement Act (42 U.S.C. 651 et seq.).

**PROCEDURAL DIRECTIVE  
REQUEST FOR OVERSEAS JOB ASSIGNMENT  
SSS FORM 160  
(RIMS/RIPS)**

**1. PURPOSE**

To provide a means for an Alternative Service Worker and an employer to submit a joint application for an overseas job assignment.

**2. PREPARATION**

Prepared in original only by the Alternative Service Worker and the employer.

**3. DISTRIBUTION**

The completed form and attachments are returned to the Alternative Service Office, where one copy is made and placed in the Alternative Service File Folder (SSS Form 101A). The original is sent to National Headquarters, Operations Directorate. When a decision has been made on the request, the original is returned to the Alternative Service Office.

**4. DISPOSAL**

Upon receipt of the original from National Headquarters, the copy in the Alternative Service File Folder (SSS Form 101A) is removed and destroyed. The original is retained in and destroyed with the Alternative Service File Folder (SSS Form 101A).