



SELECTIVE SERVICE SYSTEM
EMPLOYMENT VERIFICATION FORM
(RIPS/RIMS)

DATE ISSUED _____

ASPS Employer No. _____

ASPS Job No. _____

Employee's Name and Complete Address

Alternative Service Office Number and Address

<div style="border: 1px solid black; width: 90%; margin: 5px;"></div>	<div style="border: 1px solid black; width: 90%; margin: 5px;"></div>
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This is to request verification that _____
(Name of Alternative Service Worker)

Selective Service Registration Number _____

began his employment with the above named employer on _____
(Date)

If the information is correct, please sign below and return this form to the Alternative Service Office identified above.

(Authorized Signature)

(Title)

(Date)

If there is an error in this information or if you have any questions, please contact the Alternative Service Office.

(Alternative Service Office Manager)

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 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. 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
EMPLOYMENT VERIFICATION FORM
SSS FORM 163
(RIMS/RIPS)**

1. PURPOSE

To provide a means of verifying the employment of a specific Alternative Service Worker by a designated employer on a specified date.

2. PREPARATION

Prepared in original only by the Alternative Service Office. Typewriter, ADP equipment, ball point pen or ink pen may be used. The employer signs the form as verification of the Alternative Service Worker's employment.

3. DISTRIBUTION

The form is mailed to the employer at the time the Job Placement Order (SSS Form 162) is issued to the Alternative Service Worker. The employer completes the form and returns it to the Alternative Service Office.

4. DISPOSAL

Retained in and destroyed with the Alternative Service File Folder (SSS Form 101A).