

APPLICATION FOR EMPLOYMENT WITH THE FEDERAL AVIATION ADMINISTRATION

INSTRUCTIONS

READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY. IF YOUR FORM IS NOT COMPLETED CORRECTLY, WE WILL BE UNABLE TO PROCESS YOUR APPLICATION AND UNABLE TO CONSIDER YOU FOR EMPLOYMENT.

- You **must** enter your Social Security Number (SSN) on the bottom of each page of this form. This assures that the pages are processed together. Executive Order 9397 authorized the solicitation of your SSN for use as an identifier in personnel records management, thus assuring proper identification of applicants throughout the selection and employment process. The information we collect by using your SSN will be used for employment purposes and may also be used for studies, statistics, and computer matching to benefit or payment files. Furnishing your SSN or any of the other information specified in the vacancy announcement is voluntary. However, failure to do so will prevent the processing of your application and will prevent consideration for employment.
- **DO NOT submit a resume or Application for Federal Employment (SF-171 or OF-612) in lieu of completing this application form.**
- You **must** certify the application form by reading, answering, signing, and dating the "SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION" questions, or your application form will **not** be processed.
- For statistical purposes, please complete the "RACE AND NATIONAL ORIGIN IDENTIFICATION" form (the last page of this form). This information is voluntary. Failure to provide it will not affect your consideration for employment. It does assure that our employment practices are free from prohibited discrimination and provide equal employment opportunities for all.
- **Please make and retain a copy of FAA Form 52569 for your records.**
- Please remove this instruction sheet before submitting your application.

Mail your completed application form to:

Aviation Careers Division AMH300
FAA MM Aeronautical Center
P.O. Box 26650
Oklahoma City, OK 73126-0650

Read each question carefully. Darken the circle for the ONE answer that best describes you. Multiple or blank responses will result in that question receiving the least credit.

Section 1: APPLICANT INFORMATION

- 1. I am a citizen of the United States, Guam, American Samoa, U.S. Virgin Islands, or Puerto Rico. _____ 0 Yes 0 No
- 2. I have advocated or knowingly associated with a group advocating the overthrow of the United States Government or I have participated in a strike against the United States Government. _ 0 Yes 0 No
- 3. I am currently a permanent civilian employee of the Federal Aviation Administration. _____ 0 Yes 0 No
- 4. I am currently a permanent civilian employee or I have been a permanent civilian employee of a Federal agency. _____ 0 Yes 0 No
- 5. I am currently a temporary civilian employee of a Federal agency. _____ 0 Yes 0 No
- 6. I am able to communicate orally and in writing in the English language. _____ 0 Yes 0 No
- 7. I am able to communicate orally and in writing in a language other than English. _____ 0 Yes 0 No

Section 2: MILITARY SERVICE

- 1. I have served on active duty in the United States military service. _____ 0 Yes 0 No
- 2. I am claiming 5-point veteran preference based on my active duty military service. **NOTE:** Must submit a copy of your DD-214. _____ 0 Yes 0 No
- 3. I am claiming 10-point veteran preference as the spouse, widow, widower or natural mother of a disabled or deceased veteran. **NOTE:** Must submit SF-15 with required proof. _____ 0 Yes 0 No
- 4. I am claiming 10-point veteran preference as a Purple Heart recipient or have a service-connected disability of less than 10%. **NOTE:** Must submit SF-15 with required proof. _____ 0 Yes 0 No
- 5. I am claiming 10-point veteran preference based on a service-connected disability rated at 10% or more, but less than 30%. **NOTE:** Must submit SF-15 with required proof. _____ 0 Yes 0 No
- 6. I am claiming 10-point veteran preference based on a service-connected disability rated at 30% or more. **NOTE:** Must submit SF-15 with required proof. _____ 0 Yes 0 No
- 7. I retired or will be retiring from military service at or above the rank of major (O-4) or its equivalent. _____ 0 Yes 0 No
- 8. I retired or will retire on (mm/dd/yyyy) _____.
- 9. I retired or will retire from (branch of service) _____.
- 10. My military rank and ID are/were _____.
- 11. My last duty station is/was (city, state and country) _____.
- 12. My current or last work phone number is/was _____.
- 13. My current or former supervisor's name is/was _____.
- 14. My current or former supervisor's phone number is/was _____.

Section 3: GEOGRAPHIC PREFERENCES

Darken ONE circle in the first column to indicate your primary geographic choice. You may then select up to two secondary geographic choices by darkening ONE or TWO circles in the second column. As long as there are adequate numbers of qualified applicants available for a particular region, applicants who have designated that region as a primary choice will be referred. If there are insufficient primary geographic choice applicants in a region, additional applicants who selected that region as a secondary geographic choice may be referred.

		PRIMARY GEOGRAPHIC CHOICE - Select one	
		SECONDARY GEOGRAPHIC CHOICES - Select up to two	
↓	↓		
0	0	Alaskan Region	Alaska
0	0	Central Region	Iowa, Kansas, Missouri, Nebraska
0	0	Eastern Region	Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Virginia, West Virginia
0	0	Great Lakes Region	Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin
0	0	New England Region	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
0	0	Northwest Mountain Region	Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming
0	0	Southern Region	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Puerto Rico, Virgin Islands
0	0	Southwest Region	Arkansas, Louisiana, New Mexico, Oklahoma, Texas
0	0	Western-Pacific Region	Arizona, California, Hawaii, Nevada, American Samoa, Guam, Marshall Islands

Section 4: DIRECTLY RELATED EXPERIENCE

INSTRUCTIONS:

Position - start with most recent position and location
Supervisor - enter **Y** if you performed only supervisory duties; enter **N** if you concurrently supervised and controlled air traffic

Facility Type - if Radar enter **R**, if VFR enter **V**
Dates - dates employed in this position
Fully Certified or Facility Rated - enter **Y** for Yes or **N** for No or **NA** for Not Applicable

Position and Location	Supervisor (Y or N)	Military Rank	Facility ID	Facility Type (V or R)	Dates	Fully Certified or Facility Rated	Date Fully Certified or Facility Rated
1.					Fr: ____/____/____ To: ____/____/____		____/____/____
2.					Fr: ____/____/____ To: ____/____/____		____/____/____
3.					Fr: ____/____/____ To: ____/____/____		____/____/____
4.					Fr: ____/____/____ To: ____/____/____		____/____/____
5.					Fr: ____/____/____ To: ____/____/____		____/____/____
6.					Fr: ____/____/____ To: ____/____/____		____/____/____
7.					Fr: ____/____/____ To: ____/____/____		____/____/____
8.					Fr: ____/____/____ To: ____/____/____		____/____/____
9.					Fr: ____/____/____ To: ____/____/____		____/____/____

NOTE: If your duty station was at a command that had co-located Radar and VFR facilities, please specify which option you worked. If you need additional space, use a separate sheet of paper.

Section 5: OTHER RELATED EXPERIENCE

A. Darken the circle of any of the following in which you have experience.

- Foreign Civilian Air Traffic Controller
- Contract Tower Air Traffic Controller
- Department of Defense Civilian Air Traffic Controller
- Military Air Traffic Controller at FAA Facility
- Former FAA Air Traffic Controller
- Non-Radar Approach Control

- Air Traffic Supervisor
- Air Traffic Facility Manager
- Certified Tower Operator

- Ground Control Intercept
- Ground Control Approach
- Military Radar Unit

- Weather Observer
- Base Operations
- Flight Dispatcher (Commercial)
- Ramp Controller
- Dispatcher

- Private Pilot License Date: ____/____/____
- Commercial Pilot License Date: ____/____/____
- Instrument Rating Date: ____/____/____
- Certified Flight Instructor Date: ____/____/____
- Staff Work (aviation-related) - Must be full performance level
 - Quality Assurance
 - Duty Station: _____ From: ____/____/____ To: ____/____/____
 - Duty Station: _____ From: ____/____/____ To: ____/____/____
 - Duty Station: _____ From: ____/____/____ To: ____/____/____
 - ICAO
 - Duty Station: _____ From: ____/____/____ To: ____/____/____
 - Duty Station: _____ From: ____/____/____ To: ____/____/____
 - Duty Station: _____ From: ____/____/____ To: ____/____/____

B. Darken the circle of any of the following for the type of airspace you have handled.

- Class B Airspace
- Class C Airspace
- Class D Airspace
- Airport Radar Surveillance Area (ARSA)
- Terminal Radar Surveillance Area (TRSA)

C. Darken the circle of any of the following for the types of aircraft you have controlled.

- Rotorcraft
- Prop
- Turbo Prop
- Jet
- Turbo Jet

Section 6: EDUCATION AND TRAINING

A. Darken the appropriate circle of any aviation-related degrees you have received.

	Degree	College or University	Date Completed Degree	Major
0	Associate	_____	___/___/___	_____
0	Bachelors	_____	___/___/___	_____
0	Masters	_____	___/___/___	_____
0	Ph.D.	_____	___/___/___	_____

B. If you have you completed any aviation-related courses (other than those already indicated in A above) complete the following. This includes FAA aviation-related courses.

	Course Title	Date Completed
1.	_____	___/___/___
2.	_____	___/___/___
3.	_____	___/___/___
4.	_____	___/___/___
5.	_____	___/___/___
6.	_____	___/___/___

Section 7: AWARDS

If you have received a Letter of Commendation and/or a Commendation Ribbon related to your work as an air traffic controller, darken the appropriate circle, enter the date (mo/day/yr), and give reason for the award or ribbon.

Letter of Commendation	Commendation Ribbon	Date	Reason
0	0	___/___/___	_____
0	0	___/___/___	_____
0	0	___/___/___	_____
0	0	___/___/___	_____
0	0	___/___/___	_____

RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form).

NAME: _____
Last First MI

The categories below provide descriptions of race and national origins. Read the Definition of Category descriptions and then blacken the circle next to the category with which you identify yourself. If you are of mixed race and/or national origin, select the category with which you most closely identify yourself. Please mark only one circle.

Male	Female	Name of Category	Definition of Category
<input type="radio"/>	<input type="radio"/>	American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
<input type="radio"/>	<input type="radio"/>	Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. For example, this area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.
<input type="radio"/>	<input type="radio"/>	Black, not of Hispanic origin	A person having origins in any black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.
<input type="radio"/>	<input type="radio"/>	Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.
<input type="radio"/>	<input type="radio"/>	White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North America, or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.

Privacy Act and Public Burden Statements

Solicitation of this information is authorized by section 2000e-16 of title 42, which requires that agency employment practices be free from discrimination and provide equal employment opportunities for all, and by the Uniform Guidelines on Employee Selection Procedures (1978), 43 FR 38297 et seq. (August 25, 1978), which requires agencies to examine their employee selection procedures to identify any adverse impact those procedures have on women and minorities. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting." This information will be used to make statistical determinations under the Federal Equal Opportunity Recruitment Program (5 USC 7201) and affirmative action programs under section 717 of the title VII of the Civil Rights Act of 1964 as amended. The furnishing of this data is voluntary; however, collection of the information is essential to the design and maintenance of effective recruitment and preemployment processing programs which will provide the best possible employment opportunities to all candidates. You are requested to furnish your social security number (SSN) under the authority of Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Furnishing of the SSN is voluntary; however, failure to provide the SSN may result in inaccurate statistical records.

The public reporting burden for completing this form is estimated to vary from 1 to 3 minutes with an average of 2 minutes. The estimate includes time for reviewing instructions, gathering data needed, and completing and reviewing entries. Send comments regarding the burden estimate or any other aspect of this form, including suggestions for reducing the burden to: Federal Aviation Administration, Office of Human Resource Management, 800 Independence Avenue, SW, Washington D.C. 20591.

SSN: _____-_____-_____