OMB Control Number 2120-0597

Air Traffic Control Specialist (Center/Terminal)

GEOGRAPHIC PREFERENCES

Name: _____ Social Security Number: _____
Last First MI

Please select the locations in which you would like to be employed. All locations are of equal preference. You will only be referred for employment consideration at locations you select, and you will only be referred for one location at a time. In addition, you will only be referred if you are among the qualified and available applicants within reach to be referred when vacancies occur.

****** Indicates states where enroute (center) facilities are located.

- ☐ **ALABAMA**
- ☐ **ALASKA ****
- ☐ **ARIZONA**
- ☐ **ARKANSAS**
- ☐ **CALIFORNIA ****
- ☐ **COLORADO ****
- ☐ **CONNECTICUT**
- ☐ **DELAWARE**
- ☐ **FLORIDA ****
- ☐ **GEORGIA ****
- ☐ **HAWAII**
- ☐ **IDAHO**
- ☐ **ILLINOIS ****
- ☐ **INDIANA ****
- ☐ **IOWA**
- ☐ **KANSAS ****
- ☐ **KENTUCKY**
- ☐ **LOUISIANA**
- ☐ **MAINE**
- ☐ **MARYLAND**
- ☐ **MASSACHUSETTS**
- ☐ **MICHIGAN**
- ☐ **MINNESOTA ****
- ☐ **MISSISSIPPI**
- ☐ **MISSOURI**
- ☐ **MONTANA**
- ☐ **NEBRASKA**
- ☐ **NEVADA**
- ☐ **NEW HAMPSHIRE ****
- ☐ **NEW JERSEY**
- ☐ **NEW MEXICO ****
- ☐ **NEW YORK ****
- ☐ **NORTH CAROLINA**
- ☐ **NORTH DAKOTA**
- ☐ **OHIO ****
- ☐ **OKLAHOMA**
- ☐ **OREGON**
- ☐ **PENNSYLVANIA**
- ☐ **RHODE ISLAND**
- ☐ **SOUTH CAROLINA**
- ☐ **SOUTH DAKOTA**
- ☐ **TENNESSEE ****
- ☐ **TEXAS ****
- ☐ **UTAH ****
- ☐ **VERMONT**
- ☐ **VIRGINIA ****
- ☐ **WASHINGTON ****
- ☐ **WEST VIRGINIA**
- ☐ **WISCONSIN**
- ☐ **WYOMING**
- ☐ **THROUGHOUT THE U.S.**
- ☐ **CARIBBEAN** (*Puerto Rico & Virgin Islands*)
- ☐ **PACIFIC ISLANDS** *(Guam, American Samoa, & Marshall Islands)*

Signature:_____ **Date:** _____

Privacy Act and Paperwork Reduction Act Statement

Public Law 104-50 allows the Federal Aviation Administration (FAA) to determine how qualified applicants will be referred for employment consideration when vacancies occur. The information requested on this form will be used to determine where you are referred for employment consideration if you are among the qualified applicants within reach to be referred. Providing this information is voluntary; however, you will never be referred for employment consideration if you do not select at least one location, and you will only be referred for vacancies at locations that you select on this form. The information we collect on this form will be used for employment purposes, and it may also be used for statistical studies or computer matching with other government files. The nature of information received is confidential and authorized officials will handle it appropriately. This information becomes part of a Privacy Act System of Records as identified in 5 CFR §552a, and any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-5, Recruiting, Examining and Placement Records.

Your social security number (SSN) is needed to keep our records accurate because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Providing your SSN is voluntary; however, if you do not give us your SSN, we cannot process your application, so you cannot be considered for employment.

We estimate that this form takes an average of 5 minutes to complete, including time for reviewing instruction, searching existing data sources, gathering data, and reviewing responses. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB number associated with this collection is 2120-0597.