



Windward Islands Airways International (WINAIR) N.V.
PO Box 2088, Philipsburg, St. Maarten, Dutch Caribbean.
Phone (1) 721 545.2568 Fax (1) 721.545.2002

Confidential

Application for Employment

Position applied for		
Position applied for	:	
Salary indication		
Salary indication	:	
APPLICANT INFORMATION		
Sur Name	:	Attach photograph here
Christian Names	:	
Address	:	
Telephone number	:	
Email address	:	
ID number	:	
Date of Birth	:	
Place of Birth	:	
Marital status	:	SINGLE / ENGAGED / MARRIED / DIVORCED / WIDOWED
Nationality	:	
Religion	:	
State your height	:	
State your weight	:	
Physical deficiencies (incl. wearing glasses)	:	

EDUCATION INFORMATION

FROM	UNTIL	SCHOOL / TRAINING COURSE	DIPLOMA
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO
			YES / NO

LANGUAGE INFORMATION
(CHOOSE FROM EXCELLENT, GOOD, FAIR, NO KNOWLEDGE)

LANGUAGE	READ	CORRESPONDANCE	CONVERSE
DUTCH			
ENGLISH			
FRENCH			
SPANISH			
OTHER:			

OTHER SPECIAL KNOWLEDGE OR ABILITY

EMPLOYMENT INFORMATION

CURRENT EMPLOYER

FROM	UNTIL	COMPANY NAME	POSITION	SALARY

TASKS / DUTIES	:	
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Reason for leaving	:	
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Can we contact your present employer for information	:	Yes / No
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If yes, when	:	
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Present employer's contact information	:	
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If no, state why	:	
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FORMER EMPLOYERS				
FROM	UNTIL	COMPANY NAME	POSITION	SALARY
TASKS / DUTIES		:		
FROM	UNTIL	COMPANY NAME	POSITION	SALARY
TASKS / DUTIES		:		
FROM	UNTIL	COMPANY NAME	POSITION	SALARY
TASKS / DUTIES		:		
CHARACTER REFERENCE INFORMATION (LIST TWO REFERENCES AND DO NOT REFER TO RELATIVES OR FORMER EMPLOYERS)				
NAME		ADDRESS	PHONE NUMBER	
OTHER INFORMATION				
Do you have any relatives or acquaintances working for WINAIR If yes, state name(s):			:	Yes / No
Have you ever applied or worked at WINAIR before If yes, state when and position:			:	Yes / No

Are you prepared to work in shifts (comprising evening, night and Sunday duties)	:	Yes / No
How do you spend your leisure hours		
Which association, society and /or union do you serve		
Where you ever in contact with the law	:	Yes / No
For criminal reasons? If yes, when and where:	:	Yes / No
For which facts		
For other reasons? If yes, when and where:	:	Yes / No
For which facts		
FAMILY INFORMATION		
PARTNER		
Surname	:	
Christian names	:	
Date of Birth	:	
Place of Birth	:	
Nationality	:	
Present Address	:	
Telephone number	:	
Occupation	:	
Employer	:	
Date of Marriage	:	
Place of Marriage	:	

CHILDREN				
Surname	Christian names	Date of Birth	Place of Birth	Occupation

FATHER	
Surname	:
Christian names	:
Date of Birth	:
Place of Birth	:
Present Address	:
Telephone number	:
Occupation	:

MOTHER	
Surname	:
Christian names	:
Date of Birth	:
Place of Birth	:
Present Address	:
Telephone number	:
Occupation	:

Brothers & Sisters				
Surname	Christian names	Date of Birth	Place of Birth	Occupation

SPACE TO STATE OTHER DETAILS, WHICH YOU CONSIDER OF INTEREST FOR THIS APPLICATION