

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

## Confidential

## Application for Employment

Position applied for	:	
Salary indication	:	
		APPLICANT INFORMATION
Sur Name	:	
Christian Names	:	
Address	:	
Telephone number	:	
Email address	:	
ID number	:	
COVID vaccination	:	I am fully vaccinated not vaccinated, but willing not vaccinated & not willing
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	UNT	IL		SCHOOL / TRA	AINING CC	URSE		DIPLOMA	Δ
								YES /	NO
								YES /	NO
								YES /	NO
								YES /	NO
								YES /	NO
								YES /	NO
		(CHO	റട	LANGUAG E FROM EXCELLEI					
LANGUAGE		REA						RSE	
DUTCH									
ENGLISH									
FRENCH									
SPANISH									
OTHER:									
				OTHER SPECIAI	L KNOWLE	DGE OR AB	ILITY		
				EMPLOYME	ENT INFOR	MATION			
CURRENT E		/FR							
FROM				COMPANY NAN	<u>۸</u> ۲	1	POSITION	SALAI	٦Y
							reemen		
TASKS / DU	TIES		•						
Reason for l	eaving	3	:						
Can we con	tact y	our pi	res	ent employer for	· informatio	on	:	Yes /	No
If yes, when			:						
Present emp			:						
contact info		on	:						
ii no, state v	wity		•						

FORMER EN	/IPLOYERS							
FROM	UNTIL		COMPANY NAME	POS	ITION	I SA	LARY	
TASKS / DU	TIES	:				<u> </u>		
FROM	UNTIL		COMPANY NAME	POS	ITION	I SA	LARY	
TASKS / DU	TIES	:		<u> </u>		I		
FROM	UNTIL		COMPANY NAME	POS	ITION	I SA	LARY	
TASKS / DU	TIES	:						
(LIST T	WO REFERE		CHARACTER REFERENCE INFORMATI ES AND DO NOT REFER TO RELATIVES O		MERI	EMPLOY	ERS)	
NAME			ADDRESS			DNE NU		
			OTHER INFORMATION					
Do you have If yes, state		/es	or acquaintances working for WINAI	R	:	Yes	′ No	
Have you ev If yes, state			vorked at WINAIR before tion:		:	Yes	′ No	

Are you prepared to wo Sunday duties)	ork i	n shifts (comprising evening, night and		Yes /	No
How do you spend you	r lei	sure hours			
Which association, soc	iety	and /or union do you serve			
Where you ever in cont	act	with the law	:	Yes /	No
For criminal reasons? If yes, when and where:			÷	Yes /	No
For which facts					
For other reasons?			:	Yes /	No
If yes, when and where:			+		
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			<u>I</u>		
Surname		:			
Christian names		:			
Date of Birth		:			
Place of Birth		:			
Present Address		:			
Telephone num	ber	:			
Occupation		:			
MOTHER					
Surname		:			
Christian names	,	:			
Date of Birth		:			
Place of Birth		:			
Present Address		:			
Telephone num	ber	:			
Occupation		:			
Brothers & Sister	S				
Surname	Christian	names	Date of Birth	Place of Birth	Occupation

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