

Phone (1) 721 545.2568 Fax (1) 721.545.2002

## PILOT APPLICATION FORM

Photo

Minimum Requirements:

Windward Islands Airways International (WINAIR) N.V. PO Box 2088, Philipsburg, St. Maarten, Dutch Caribbean.

<u>F/O</u> 500 TT

<u>CAPT</u> 2500 TT

1000 STOL

nail:	recruitment@fly-winair.com		
1.	Have you ever been interview	ved by WINAIR?	
2.	If YES, indicate when and the	position applied for	
3.	When are you available for e	mployment?	
4.	Salary acceptable:		
5.	First Names		
6.	Contact Telephone Number Email Address		
7.	Nationality Country of Permanent Residence		
8.	Marital Status: Single Separated	Married Divorced	
	Number of dependent childre	Date of Birth	(D/M/Y) (D/M/Y) (D/M/Y) (D/M/Y)
IU.	How did you learn of this ope	ni <b>na</b> (	

11. NOTIC	E PERIOD RE	QUIRED &	BOND WI	LLINGNESS					
Notice Period			Bond Yes			No If yes, state amount			
					<u></u>				
12. FLIGHT	EXPERIENCE								
	TOTAL	PIC	JET	TURBINE		INSTRUMEN <sup>®</sup>	Γ	PISTON	STOL
Career Total									
Prev 12 months									
Are you pre	pared to fly	on all WIN	AIR route	s? If not st	ate w	vhy.			
Are you willin	ng to be pos	itioned ar	nywhere ii	n the world	l? If ı	not state why	•		
13. LICENC	ES								
Type Country			Nυ	mber	ite of Issue Do		ate of Expiry		
14. EDUCA	TIONAL BAC			ol & Addre	266	Yrs		Yr	_ _
of St		I III	c or ocrio	Attended			d	Graduate	d
15. FLIGHT	TRAINING								
Civilian/Military Training Organization				Count	y	Qualification	n	Yr. Of Grad	l

SIM

1	4			VA	LINI	<b>REC</b>	
•	Ο.	EM	PLC.	) T N	(ENI	KEC.	OKD

Employer	TER	M	SAL	ARY	AIRCRAFT	POSI	TION	CURRENT
Name/Address (list from present)	From	То	Start	End	TYPES	Start	End	TYPE
								/

. Knowledge of lan	guages (State whet	her knowledge is excelle	nt, good, slight)
Language	Read	Correspond	Converse
Dutch			
English			
Spanish			
French			
		I	1

20. List any phys	sical deficiencies y	you may have (eg.	. wearing glasses):
21. List friend o	r relatives currently <u>Name</u>	employed by WII	NAIR <u>Relation</u>
22. Space to sta	te other details wh	ich you consider o	of interest for this application:
23. EMERGENCY dame of Father date of Birth ddress	Y CONTACT INFOR	MATION	
none # ationality ccupation			
ame of Mother ate of Birth ddress			
hone # ationality occupation			
lame of Spouse Date of Birth Address			
hone # lationality Occupation			