



ellie nee registration form

NAME : ddddd

EMAIL : adriangreenland@gmail.com

TITLE : mr

PLEASE FILL OUT THE FOLLOWING INFORMATION:

FIRST NAME ON PASSPORT : D

SURNAME : ddd

ADDRESS : Common Purpose Charitable Trust

38 Artillery Lanedfd

HOME TEL : dfdfdfdfdf

MOBILE : dfdfdff

EMAIL : adriangreenland@gmail.com

TWITTER : dfdfdf

GOOGLE + PROFILE NAME : dfdfdfdfdfdf

NATIONALITY : dfdfdf

NEXT OF KIN NAME : dfdfdfdf

NEXT OF KIN CONTACT : dfdf

DO YOU HAVE A WORK PERMIT OR VISA TO WORK IN THE UK?: YES

DO YOU HAVE ANY CRIMINAL CONVICTIONS? : YES

REFERENCES:

REFERENCE 1. PLEASE FILL OUT THE FOLLOWING INFORMATION:

COMPANY NAME : dfdfdf

START DATE : 2018-06-05

END DATE : 2018-06-12

POSITION HELD : dfdfdfdfdfdf

LINE MANAGER NAME : fdfdfdfdfdfdf

LINE MANAGER JOB TITLE : dfdfdfdfdfdf

EMPLOYER ADDRESS : fdfdfdfdfdfdfdfdfdf

EMPLOYER PHONE NUMBER : dfdfdfdfdfdfdfdfdfdf

EMPLOYER EMAIL : adriangreenland@gmail.com

REFERENCE 2. PLEASE FILL OUT THE FOLLOWING INFORMATION:

COMPANY NAME : dfdfdfdfdfdf

START DATE : 2018-06-13

END DATE : 2018-06-05

POSITION HELD : dfdfdfdfdfdf

LINE MANAGER NAME : dfdfdfdfdfdfdfdfdfdfdf

LINE MANAGER JOB TITLE : dfdfdfdfdfdf

EMPLOYER ADDRESS : dfdfdfdfdfdfdfdfdf

EMPLOYER PHONE NUMBER : dfffffff

EMPLOYER EMAIL : adriangreenland@gmail.com

EMPLOYMENT HISTORY:

(PLEASE FILL OUT IF LOOKING FOR FREELANCE OR CONTRACT POSITION)

EMPLOYER:

EMPLOYER NAME : dfffffff

EMPLOYER ADDRESS : [textarea-employersaddress3]

CONTACT NUMBER : dfffffffffffffff

EMAIL : adriangreenland@gmail.com

START DATE : 2018-06-12

END DATE : 2018-06-05

DAY RATE : dfdfdfdfdfdfdfdfdfdf

LINE MANAGER : dfdfdfdfdfdfdfdfdfdfdfdfdfdfdf

PAYMENT DETAILS:

(PLEASE COMPLETE IF LOOKING FOR FREELANCE OR CONTRACT POSITIONS)

PLEASE SELECT A PAY TYPE : PAYE

THE FOLLOWING INFORMATION IS REQUIRED FOR ellie nee PAYROLL AND HMRC
INTERMEDIARY REPORTING - TIMESHEETS CANNOT BE PROCESSED WITHOUT THIS
INFORMATION:

PLEASE SELECT A PAY TYPE : PAYE

NAME OF LIMITED/UMBRELLA COMPANY : D J PEARSON

LIMITED COMPANY UMBRELLA ADDRESS : [text-ltdumbrellacompanyaddress3]

PLEASE SELECT A PAY TYPE [checkbox* checkbox-paytype "PAYE" "LTD" "UMBRELLA COMPANY"]

THE FOLLOWING INFORMATION IS REQUIRED FOR ellie nee PAYROLL AND HMRC INTERMEDIARY REPORTING - TIMESHEETS CANNOT BE PROCESSED WITHOUT THIS INFORMATION:

NAME OF LIMITED/UMBRELLA COMPANY REGISTRATION NUMBER : Common Purpose Charitable Trust

VAT REGISTRATION NUMBER : dfffffff

NI NUMBER : dfdfdfdfdfdfdfdfdfdfdfdfdf

GENDER : dfdfdfdfdfdfdfdfdfdf

WORKING TIME DIRECTIVE (PLEASE FILL OUT IF LOOKING FOR FREELANCE OR CONTRACT POSITION)

I CAN CONFIRM THAT I AM HAPPY TO VOLUNTARILY OPT OUT OF THE 48 HOUR WORKING WEEK, ALLOWING ME TO WORK MORE THAN 48 HOURS PER WEEK WHEN NECESSARY. IF I CHANGE MY MIND, I AGREE TO GIVE ellie nee 3 MONTHS WRITTEN NOTICE TO END THIS AGREEMENT. PLEASE SIGN BELOW

DATE OF BIRTH : 2018-06-06

TICK HERE : YES

DATE : 2018-06-13