{% extends 'home/header.html' %}

{% load staticfiles %}

{% block content %}

<div class="body-content clearfix" >

<div class="bg-color2 block-section-lg line-bottom">

<div class="container">

<h2 class="text-center">Sign Up Form</h2>

<form action="/register">

<div class="container">

<div class="row">

<div class="col-md-8 col-md-offset-2">

<div class="form-group has-feedback">

<label>First Name</label>

<input type="text" class="form-control has-feedback-left" name="firstName" placeholder="">

<span class="fa fa-user form-control-feedback left" aria-hidden="true"></span>

</div>

<div class="form-group has-feedback">

<label>Last Name</label>

<input type="text" class="form-control has-feedback-left" name="lastName" placeholder="">

<span class="fa fa-user form-control-feedback left" aria-hidden="true"></span>

</div>

<div class="form-group has-feedback">

<label>User Name</label>

<input type="text" class="form-control has-feedback-left" name="userName" placeholder="">

<span class="fa fa-user form-control-feedback left" aria-hidden="true"></span>

</div>

<div class="form-group has-feedback">

<label>Zipcode</label>

<input type="number" maxlength="5" class="form-control has-feedback-left" pattern="\d\*" title="only enter five digits" name="zipCode" placeholder="55555">

<span class="fa fa-map-marker form-control-feedback left" aria-hidden="true"></span>

</div>

<div class="form-group has-feedback">

<label>Email</label>

<input type="email" class="form-control has-feedback-left" name="email" placeholder="example@email.com">

<span class="fa fa-envelope form-control-feedback left" aria-hidden="true"></span>

</div>

<div class="form-group has-feedback">

<label>Password</label>

<input type="password" class="form-control has-feedback-left" name="passWord" placeholder="Password">

<span class="fa fa-asterisk form-control-feedback left" aria-hidden="true"></span>

</div>

<div class="form-group has-feedback">

<label>Re-Type Password</label>

<input type="password" class="form-control has-feedback-left" name="passWord" placeholder="Password">

<span class="fa fa-asterisk form-control-feedback left" aria-hidden="true"></span>

</div>

<div style = "text-align:center; margin-bottom: 25px;" >

<button data-toggle="dropdown" class="btn btn-t-primary btn-lg btn-block dropdown-toggle form-control dropbox-top">Please select any services you can provide<span style = "margin-left: 15px;" class="caret"></span></button>

<ul class="dropdown-menu pull-center">

<li>

<input type="checkbox" id="01" name="AS" value="1">

<label for="01">Accounting</label>

</li>

<li>

<input type="checkbox" id="02" name="ADS" value="2">

<label for="02">Advertising</label>

</li>

<li>

<input type="checkbox" id="03" name="AP" value="3">

<label for="03">Art/Photo</label>

</li>

<li>

<input type="checkbox" id="04" name="AUS" value="4">

<label for="04">Automotive</label>

</li>

<li>

<input type="checkbox" id="05" name="BC" value="5">

<label for="05">Barber/Salon</label>

</li>

<li>

<input type="checkbox" id="06" name="BM" value="6">

<label for="06">Body Mods</label>

</li>

<li>

<input type="checkbox" id="07" name="CC" value="7">

<label for="07">Child Care</label>

</li>

<li>

<input type="checkbox" id="08" name="CTS" value="8">

<label for="08">Coach/Trainer</label>

</li>

<li>

<input type="checkbox" id="09" name="CS" value="9">

<label for="09">Computer Services</label>

</li>

<li>

<input type="checkbox" id="10" name="CON" value="10">

<label for="10">Construction</label>

</li>

<li>

<input type="checkbox" id="11" name="COS" value="11">

<label for="11">Cooking Services</label>

</li>

<li>

<input type="checkbox" id="12" name="EP" value="12">

<label for="12">Event Planner</label>

</li>

<li>

<input type="checkbox" id="13" name="HCS" value="13">

<label for="13">Home Care</label>

</li>

<li>

<input type="checkbox" id="14" name="MS" value="14">

<label for="14">Medical</label>

</li>

<li>

<input type="checkbox" id="15" name="OS" value="15">

<label for="15">Outdoor Care</label>

</li>

<li>

<input type="checkbox" id="16" name="PC" value="16">

<label for="16">Pest Control</label>

</li>

<li>

<input type="checkbox" id="17" name="RD" value="17">

<label for="17">Registered Dietitian</label>

</li>

<li>

<input type="checkbox" id="18" name="SI" value="18">

<label for="18">Security/Investigation</label>

</li>

<li>

<input type="checkbox" id="19" name="TTS" value="19">

<label for="19">Tutor/Teacher</label>

</li>

</ul>

</div>

<div class="form-group">

<h4 class="text-center">Bio</h4>

<textarea class="form-control" rows="6" placeholder="Enter Any Additional Information"></textarea>

</div>

<div class="form-action">

<button type="submit" class="btn btn-t-primary btn-theme">Register</button>

</div>

</div>

</div>

</div>

</div>

</form>

</div>

<!-- modal -->

<div class="modal fade" id="modal">

<div class="modal-dialog">

<div class="modal-content">

<form class="form-horizontal">

<div class="modal-header">

<h3 class="text-center">Thank You for Register</h3>

</div>

<div class="modal-footer">

<a href="/"><button type="button" class="btn btn-sm btn-default btn-theme"> Close</button></a>

</div>

</form>

</div>

</div>

</div>

{% endblock %}