<!DOCTYPE html>

<html lang="pt-br">

<head>

  <!-- Meta tags Obrigatórias -->

  <meta charset="utf-8">

  <meta name="viewport" content="width=device-width, initial-scale=1, shrink-to-fit=no">

  <!-- Bootstrap CSS -->

  <link rel="stylesheet" href="https://stackpath.bootstrapcdn.com/bootstrap/4.1.3/css/bootstrap.min.css"

    integrity="sha384-MCw98/SFnGE8fJT3GXwEOngsV7Zt27NXFoaoApmYm81iuXoPkFOJwJ8ERdknLPMO" crossorigin="anonymous">

  <title>Olá, mundo!</title>

</head>

<body>

  <div class="container">

    <h1>Funcionários</h1>

    <form>

      <div class="row">

        <div class="col-md">

          <div class="mb-3">

            <label class="form-label">Funcionário</label>

            <input type="text" class="form-control" name="funcionario" placeholder="Nome do Colaborador" required>

          </div>

        </div>

        <div class="col-md">

          <div class="mb-3">

            <label class="form-label">Data de Contratação</label>

            <input type="date" name="dtContratacao" class="form-control">

          </div>

        </div>

      </div>

      <div class="row">

        <div class="col-md">

          <div class="mb-3">

            <label class="form-label">Endereço</label>

            <input type="text" name="endereco" class="form-control">

          </div>

        </div>

        <div class="col-md">

          <div class="mb-3">

            <label class="form-label">Complemento</label>

            <input type="text" name="complemento" class="form-control">

          </div>

        </div>

        <div class="col-md">

          <div class="mb-3">

            <label class="form-label">Cidade</label>

            <input type="text" name="cidade" class="form-control">

          </div>

        </div>

        <div class="col-md">

          <div class="mb-3">

            <label class="form-label">Bairro</label>

            <input type="text" name="bairro" class="form-control">

          </div>

        </div>

      </div>

      <div class="row">

        <div class="col-md">

          <div class="mb-3">

            <label class="form-label">Login</label>

            <input type="email" name="login" class="form-control">

          </div>

        </div>

        <div class="col-md">

          <div class="mb-3">

            <label class="form-label">Senha</label>

            <input type="password" name="senha" class="form-control">

          </div>

        </div>

      </div>

      <div class="form-group form-check">

        <input type="checkbox" class="form-check-input" id="exampleCheck1">

        <label class="form-check-label" for="exampleCheck1">Clique em mim</label>

      </div>

      <button type="submit" class="btn btn-primary">Enviar</button>

    </form>

  </div>

  <!-- JavaScript (Opcional) -->

  <!-- jQuery primeiro, depois Popper.js, depois Bootstrap JS -->

  <script src="https://code.jquery.com/jquery-3.3.1.slim.min.js"

    integrity="sha384-q8i/X+965DzO0rT7abK41JStQIAqVgRVzpbzo5smXKp4YfRvH+8abtTE1Pi6jizo"

    crossorigin="anonymous"></script>

  <script src="https://cdnjs.cloudflare.com/ajax/libs/popper.js/1.14.3/umd/popper.min.js"

    integrity="sha384-ZMP7rVo3mIykV+2+9J3UJ46jBk0WLaUAdn689aCwoqbBJiSnjAK/l8WvCWPIPm49"

    crossorigin="anonymous"></script>

  <script src="https://stackpath.bootstrapcdn.com/bootstrap/4.1.3/js/bootstrap.min.js"

    integrity="sha384-ChfqqxuZUCnJSK3+MXmPNIyE6ZbWh2IMqE241rYiqJxyMiZ6OW/JmZQ5stwEULTy"

    crossorigin="anonymous"></script>

</body>

</html>