

```

<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.01//EN"
"http://www.w3.org/TR/html4/strict.dtd">
<html class="supernova"><head>
<script>console.warn("Server Side Rendering => render-from ==> \n frontend");</script>

<meta http-equiv="Content-Type" content="text/html; charset=utf-8" />
<link rel="alternate" type="application/json+oembed"
href="https://www.jotform.com/oembed/?format=json&url=https%3A%2F%2Fform.jotform.co
m%2F223172215273448" title="oEmbed Form">
<link rel="alternate" type="text/xml+oembed"
href="https://www.jotform.com/oembed/?format=xml&url=https%3A%2F%2Fform.jotform.co
m%2F223172215273448" title="oEmbed Form">
<meta property="og:title" content="Resume Collection Form" >
<meta property="og:url" content="https://form.jotform.com/223172215273448" >
<meta property="og:description" content="Please click the link to complete this form." >
<meta name="slack-app-id" content="AHNMASS8M">
<link rel="shortcut icon" href="https://cdn.jotfor.ms/assets/img/favicons/favicon-2021.svg">
<meta property="og:image" content="https://cdn.jotfor.ms/assets/img/favicons/favicon-2021.svg"
/>
<link rel="canonical" href="https://form.jotform.com/223172215273448" />
<meta name="viewport" content="width=device-width, initial-scale=1.0, maximum-scale=2.0, user-
scalable=1" />
<meta name="HandheldFriendly" content="true" />
<title>Resume Collection Form</title>
<link href="https://cdn01.jotfor.ms/static/formCss.css?3.3.37110" rel="stylesheet" type="text/css"
/>
<style type="text/css">@media print{.form-section{display:inline!important}.form-
pagebreak{display:none!important}.form-section-closed{height:auto!important}.page-
section{position:initial!important}}</style>
<link type="text/css" rel="stylesheet" href="https://cdn02.jotfor.ms/css/styles/nova.css?3.3.37110"
/>
<link type="text/css" rel="stylesheet"
href="https://cdn03.jotfor.ms/themes/CSS/566a91c2977cdfcd478b4567.css?themeRevisionID=5f6c
4c83346ec05354558fe8"/>
<link type="text/css" rel="stylesheet"
href="https://cdn01.jotfor.ms/css/styles/payment/payment_feature.css?3.3.37110" />
<style type="text/css">
.form-label-left{
width:120px;
}
.form-line{
padding-top:12px;
padding-bottom:12px;
}
.form-label-right{
width:120px;
}
body, html{
margin:0;
padding:0;
background:#FCFBFC;

```

```
}
```

```
.form-all{
  margin:0px auto;
  padding-top:0px;
  width:690px;
  color:#3E4E1A !important;
  font-family:"Lucida Grande", "Lucida Sans Unicode", "Lucida Sans", Verdana, sans-serif;
  font-size:14px;
}
.form-radio-item label, .form-checkbox-item label, .form-grading-label, .form-header{
  color: #555;
}
```

```
</style>
```

```
<style type="text/css" id="form-designer-style">
```

```
/* Injected CSS Code */
```

```
/*PREFERENCES STYLE*/
```

```
.form-all {
  font-family: Lucida Grande, sans-serif;
}
.form-all .qq-upload-button,
.form-all .form-submit-button,
.form-all .form-submit-reset,
.form-all .form-submit-print {
  font-family: Lucida Grande, sans-serif;
}
.form-all .form-pagebreak-back-container,
.form-all .form-pagebreak-next-container {
  font-family: Lucida Grande, sans-serif;
}
.form-header-group {
  font-family: Lucida Grande, sans-serif;
}
.form-label {
  font-family: Lucida Grande, sans-serif;
}
```

```
.form-label.form-label-auto {
```

```
display: inline-block;
float:left;
text-align: left;
```

```
}
```

```
.form-line {
  margin-top: 12px 36px 12px 36px px;
  margin-bottom: 12px 36px 12px 36px px;
}
```

```
.form-all {  
  max-width: 690px;  
  width: 100%;  
}
```

```
.form-label.form-label-left,  
.form-label.form-label-right,  
.form-label.form-label-left.form-label-auto,  
.form-label.form-label-right.form-label-auto {  
  width: 120px;  
}
```

```
.form-all {  
  font-size: 14px  
}  
.form-all .qq-upload-button,  
.form-all .qq-upload-button,  
.form-all .form-submit-button,  
.form-all .form-submit-reset,  
.form-all .form-submit-print {  
  font-size: 14px  
}  
.form-all .form-pagebreak-back-container,  
.form-all .form-pagebreak-next-container {  
  font-size: 14px  
}
```

```
.supernova .form-all, .form-all {  
  background-color: #FCFBFC;  
}
```

```
.form-all {  
  color: #3E4E1A;  
}  
.form-header-group .form-header {  
  color: #3E4E1A;  
}  
.form-header-group .form-subHeader {  
  color: #3E4E1A;  
}  
.form-label-top,  
.form-label-left,  
.form-label-right,  
.form-html,  
.form-checkbox-item label,  
.form-radio-item label,  
span.FITB .qb-checkbox-label,  
span.FITB .qb-radiobox-label,  
span.FITB .form-radio label,  
span.FITB .form-checkbox label,
```

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[data-blotid][data-type=checkbox] [data-labelid],
[data-blotid][data-type=radiobox] [data-labelid],
span.FITB-inptCont[data-type=checkbox] label,
span.FITB-inptCont[data-type=radiobox] label {
  color: #3E4E1A;
}
.form-sub-label {
  color: #586834;
}

.supernova {
  background-color: #90F9B6;
}
.supernova body {
  background: transparent;
}

.form-textbox,
.form-textarea,
.form-dropdown,
.form-radio-other-input,
.form-checkbox-other-input,
.form-captcha input,
.form-spinner input {
  background-color: #fff;
}

.supernova {
  background-image: none;
}
#stage {
  background-image: none;
}

.form-all {
  background-image: none;
}

.ie-8 .form-all:before { display: none; }
.ie-8 {
  margin-top: auto;
  margin-top: initial;
}

/*PREFERENCES STYLE*//* __INSPECT_SEPERATOR__ */
/* Injected CSS Code */
</style>

<link type="text/css" rel="stylesheet" href="https://cdn02.jotfor.ms/css/styles/buttons/form-submit-button-light.css?3.3.37110"/>
<script src="https://cdn03.jotfor.ms/static/prototype.forms.js?3.3.37110"

```

```

type="text/javascript"></script>
<script src="https://cdn01.jotfor.ms/static/jotform.forms.js?3.3.37110"
type="text/javascript"></script>
<script defer src="https://cdnjs.cloudflare.com/ajax/libs/punycode/1.4.1/punycode.js"></script>
<script src="https://cdn02.jotfor.ms/js/vendor/imageinfo.js?v=3.3.37110"
type="text/javascript"></script>
<script type="text/javascript"> JotForm.newDefaultTheme = false;
JotForm.extendsNewTheme = false;
JotForm.singleProduct = false;
JotForm.newPaymentUIForNewCreatedForms = false;

JotForm.init(function(){
/*INIT-START*/
    setTimeout(function() {
        $('input_4').hint('ex: myname@example.com');
    }, 20);
    if (window.JotForm && JotForm.accessible) $('input_7').setAttribute('tabindex',0);
/*INIT-END*/
});

    JotForm.prepareCalculationsOnTheFly([null,{"name":"fullName","qid":"1","text":"Full
Name:","type":"control_fullname"},null,{"name":"address","qid":"3","text":"Address:","type":"control_address"},{"name":"email","qid":"4","text":"E-
mail:","type":"control_email"},{"name":"skillLevel","qid":"5","text":"Skill
Level:","type":"control_dropdown"},{"name":"areasOf","qid":"6","text":"Areas Of
Interest:","type":"control_checkbox"},{"name":"coverLetter","qid":"7","text":"Cover
Letter:","type":"control_textarea"},null,{"name":"phone","qid":"9","text":"Phone:","type":"control_phone"},null,{"name":"submitForm","qid":"11","text":"Submit
Form","type":"control_button"},{"name":"resume","qid":"12","text":"Resume","type":"control_fileupload"},{"name":"clickTo","qid":"13","text":"Submit a Resume","type":"control_head"}]);
    setTimeout(function() {
JotForm.paymentExtrasOnTheFly([null,{"name":"fullName","qid":"1","text":"Full
Name:","type":"control_fullname"},null,{"name":"address","qid":"3","text":"Address:","type":"control_address"},{"name":"email","qid":"4","text":"E-
mail:","type":"control_email"},{"name":"skillLevel","qid":"5","text":"Skill
Level:","type":"control_dropdown"},{"name":"areasOf","qid":"6","text":"Areas Of
Interest:","type":"control_checkbox"},{"name":"coverLetter","qid":"7","text":"Cover
Letter:","type":"control_textarea"},null,{"name":"phone","qid":"9","text":"Phone:","type":"control_phone"},null,{"name":"submitForm","qid":"11","text":"Submit
Form","type":"control_button"},{"name":"resume","qid":"12","text":"Resume","type":"control_fileupload"},{"name":"clickTo","qid":"13","text":"Submit a Resume","type":"control_head"}]);, 20);
</script>
</head>
<body>
<form class="jotform-form" action="https://submit.jotform.com/submit/223172215273448/"
method="post" enctype="multipart/form-data" name="form_223172215273448"
id="223172215273448" accept-charset="utf-8" autocomplete="on">
    <input type="hidden" name="formID" value="223172215273448" />
    <input type="hidden" id="JWTContainer" value="" />
    <input type="hidden" id="cardinalOrderNumber" value="" />
    <div role="main" class="form-all">

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<ul class="form-section page-section">
  <li id="cid_13" class="form-input-wide" data-type="control_head">
    <div class="form-header-group header-large">
      <div class="header-text htta1 htvam">
        <h1 id="header_13" class="form-header" data-component="header">
          RESERVATION OF FOOD
        </h1>
      </div>
    </div>
  </li>
  <li class="form-line jf-required" data-type="control_fullname" id="id_1">
    <label class="form-label form-label-left form-label-auto" id="label_1" for="first_1">
      Name:
      <span class="form-required">
        *
      </span>
    </label>
    <div id="cid_1" class="form-input jf-required">
      <div data-wrapper-react="true">
        <span class="form-sub-label-container" style="vertical-align:top" data-input-type="first">
          <input type="text" id="first_1" name="q1_fullName[first]" class="form-textbox
validate[required]" data-defaultvalue="" autoComplete="section-input_1 given-name" size="10"
value="" data-component="first" aria-labelledby="label_1 sublabel_1_first" required="" />
          <label class="form-sub-label" for="first_1" id="sublabel_1_first" style="min-height:13px"
aria-hidden="false"> First Name </label>
        </span>
        <span class="form-sub-label-container" style="vertical-align:top" data-input-type="last">
          <input type="text" id="last_1" name="q1_fullName[last]" class="form-textbox
validate[required]" data-defaultvalue="" autoComplete="section-input_1 family-name" size="15"
value="" data-component="last" aria-labelledby="label_1 sublabel_1_last" required="" />
          <label class="form-sub-label" for="last_1" id="sublabel_1_last" style="min-height:13px" aria-
hidden="false"> Last Name </label>
        </span>
      </div>
    </div>
  </li>
  <li class="form-line jf-required" data-type="control_address" id="id_3">
    <label class="form-label form-label-left form-label-auto" id="label_3" for="input_3undefined">
      Address:
      <span class="form-required">
        *
      </span>
    </label>
    <div id="cid_3" class="form-input jf-required">
      <div summary="" class="form-address-table jsTest-addressField">
        <div class="form-address-line-wrapper jsTest-address-line-wrapperField">
          <span class="form-address-line form-address-street-line jsTest-address-lineField">
            <span class="form-sub-label-container" style="vertical-align:top">
              <input type="text" id="input_3_addr_line1" name="q3_address[addr_line1]" class="form-
textbox validate[required] form-address-line" data-defaultvalue="" autoComplete="section-input_3
address-line1" value="" data-component="address_line_1" aria-labelledby="label_3

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sublabel_3_addr_line1" />
    <label class="form-sub-label" for="input_3_addr_line1" id="sublabel_3_addr_line1"
style="min-height:13px" aria-hidden="false"> City Address </label>
    </span>
</span>
</div>

<div class="form-address-line-wrapper jsTest-address-line-wrapperField">
    <span class="form-address-line form-address-city-line jsTest-address-lineField ">
        <span class="form-sub-label-container" style="vertical-align:top">
            <input type="text" id="input_3_city" name="q3_address[city]" class="form-textbox
validate[required] form-address-city" data-defaultvalue="" autoComplete="section-input_3 address-
level2" value="" data-component="city" aria-labelledby="label_3 sublabel_3_city" />
            <label class="form-sub-label" for="input_3_city" id="sublabel_3_city" style="min-
height:13px" aria-hidden="false"> City </label>
        </span>
    </span>
    <span class="form-address-line form-address-state-line jsTest-address-lineField ">
        <span class="form-sub-label-container" style="vertical-align:top">
            <input type="text" id="input_3_state" name="q3_address[state]" class="form-textbox
validate[required] form-address-state" data-defaultvalue="" autoComplete="section-input_3
address-level1" value="" data-component="state" aria-labelledby="label_3 sublabel_3_state" />
            <label class="form-sub-label" for="input_3_state" id="sublabel_3_state" style="min-
height:13px" aria-hidden="false"> District</label>
        </span>
    </span>
</div>
<div class="form-address-line-wrapper jsTest-address-line-wrapperField">
    <span class="form-address-line form-address-zip-line jsTest-address-lineField ">
        <span class="form-sub-label-container" style="vertical-align:top">
            <input type="text" id="input_3_postal" name="q3_address[postal]" class="form-textbox
form-address-postal" data-defaultvalue="" autoComplete="section-input_3 postal-code" value=""
data-component="zip" aria-labelledby="label_3 sublabel_3_postal" />
            <label class="form-sub-label" for="input_3_postal" id="sublabel_3_postal" style="min-
height:13px" aria-hidden="false"> Postal / Zip Code </label>
        </span>
    </span>
    <span class="form-address-line form-address-country-line jsTest-address-lineField ">
        <span class="form-sub-label-container" style="vertical-align:top">
            <select class="form-dropdown validate[required] form-address-country noTranslate"
name="q3_address[country]" id="input_3_country" data-component="country" required="" aria-
labelledby="label_3 sublabel_3_country" autoComplete="section-input_3 country">
                <option value=""> Please Select </option>
                <option value="United States"> Salad</option>
                <option value="Afghanistan"> Sandwich</option>
                <option value="Albania"> Bread</option>
                <option value="Algeria"> Steak</option>
                <option value="American Samoa"> Fish</option>
                <option value="Andorra"> pizza</option>
                <option value="Angola"> Hamburger </option>
                <option value="Anguilla"> Apple Juice </option>
            </select>
        </span>
    </span>
</div>

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        <option value="Antigua and Barbuda"> Grape Juice</option>
        <option value="Argentina"> cup cake</option>
        <option value="Armenia">potato chips </option>
        <option value="Aruba"> donutes </option>
        <option value="Australia"> ice cream </option>
        <option value="Austria"> Soda </option>
        <option value="Azerbaijan"> oreo cookies </option>
        <option value="The Bahamas"> French fries</option>
        <option value="Bahrain"> chicken biriyani</option>
        <option value="Bangladesh"> mutton biriyani </option>
        <option value="Barbados"> Mutton Curry</option>
        <option value="Belarus"> Masala gravy</option>
        <option value="Belgium"> Prawn Curry</option>
        <option value="Belize"> Shawarma</option>
        <option value="Benin"> rice</option>
        <option value="Bermuda"> Paroota</option>

    </select>
    <label class="form-sub-label" for="input_3_country" id="sublabel_3_country" style="min-
height:13px" aria-hidden="false"> Dishes</label>
    </span>
</span>
</div>
</div>
</div>
</li>
<li class="form-line jf-required" data-type="control_phone" id="id_9">
    <label class="form-label form-label-left form-label-auto" id="label_9" for="input_9_area">
        Phone:
        <span class="form-required">
            *
        </span>
    </label>
    <div id="cid_9" class="form-input jf-required">
        <div data-wrapper-react="true">
            <span class="form-sub-label-container" style="vertical-align:top" data-input-
type="areaCode">
                <input type="tel" id="input_9_area" name="q9_phone[area]" class="form-textbox
validate[required]" data-defaultvalue="" autoComplete="section-input_9 tel-area-code" value=""
data-component="areaCode" aria-labelledby="label_9 sublabel_9_area" required="" />
                <span class="phone-separate" aria-hidden="true">
                    -
                </span>
                <label class="form-sub-label" for="input_9_area" id="sublabel_9_area" style="min-
height:13px" aria-hidden="false"> Area Code </label>
            </span>
            <span class="form-sub-label-container" style="vertical-align:top" data-input-type="phone">
                <input type="tel" id="input_9_phone" name="q9_phone[phone]" class="form-textbox
validate[required]" data-defaultvalue="" autoComplete="section-input_9 tel-local" value="" data-

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component="phone" aria-labelledby="label_9 sublabel_9_phone" required="" />
    <label class="form-sub-label" for="input_9_phone" id="sublabel_9_phone" style="min-
height:13px" aria-hidden="false"> Phone Number </label>
    </span>
</div>
</div>
</li>
<li class="form-line jf-required" data-type="control_email" id="id_4">
    <label class="form-label form-label-left form-label-auto" id="label_4" for="input_4">
        E-mail:
        <span class="form-required">
            *
        </span>
    </label>
    <div id="cid_4" class="form-input jf-required">
        <input type="email" id="input_4" name="q4_email" class="form-textbox validate[required,
Email]" data-defaultvalue="" size="30" value="" placeholder="ex: myname@example.com" data-
component="email" aria-labelledby="label_4" required="" />
    </div>
</li>

<li class="form-line jf-required" data-type="control_dropdown" id="id_5">
    <label class="form-label form-label-left form-label-auto" id="label_5" for="input_5">
        Ratings on Foodie_House
        <span class="form-required">
            *
        </span>
    </label>
    <div id="cid_5" class="form-input jf-required">
        <select class="form-dropdown validate[required]" id="input_5" name="q5_skillLevel"
style="width:150px" data-component="dropdown" required="">
            <option value=""> </option>
            <option value="College Graduate"> 1 </option>
            <option value="Career Changer"> 2 </option>
            <option value="Inexperienced "> 3</option>
            <option value="Experienced"> 4</option>
        </select>
    </div>
</li>
<li class="form-line" data-type="control_textarea" id="id_7">
    <label class="form-label form-label-left form-label-auto" id="label_7" for="input_7"> Feedback
Form: </label>
    <div id="cid_7" class="form-input">
        <textarea id="input_7" class="form-textarea" name="q7_coverLetter" cols="40" rows="6"
data-component="textarea" aria-labelledby="label_7"></textarea>
    </div>
</li>

<li class="form-line" data-type="control_button" id="id_11">
    <div id="cid_11" class="form-input-wide">
        <div style="margin-left:156px" data-align="auto" class="form-buttons-wrapper form-buttons-

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auto jsTest-button-wrapperField">
    <button id="input_11" type="submit" class="form-submit-button form-submit-button-light
submit-button jf-form-buttons jsTest-submitField" data-component="button" data-content="">
        Submit
    </button>
</div>
</div>
</li>
<li style="display:none">
    Should be Empty:
    <input type="text" name="website" value="" />
</li>
</ul>
</div>
<script>
JotForm.showJotFormPowered = "new_footer";
</script>
<script>
JotForm.poweredByText = "Powered by Jotform";
</script>
<input type="hidden" class="simple_spc" id="simple_spc" name="simple_spc"
value="223172215273448" />
<script type="text/javascript">
    var all_spc = document.querySelectorAll("form[id='223172215273448'] .si" + "mple" + "_spc");
    for (var i = 0; i < all_spc.length; i++)
    {
        all_spc[i].value = "223172215273448-223172215273448";
    }
</script>
<div class="formFooter-heightMask">
</div>

</form></body>
</html>

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