```
<!DOCTYPE html>
<html>
<head><title>TEACHER APPLICATION FORM</title></head>
<h1><b>TEACHER APPLICATION FORM</b></h1>
<h2>JOB DETAILS</h2>
<body>
<label for>job title</label for>
<input type="text" name="job title">
<br>
<br>
<h2>PERSONAL DETAILS</h2>
<lable for>First name</lable for><input gype="text"name="First name"><br><br><br></ri>
<lable for >Last name</lable for><input type="text"name="last name"><br>
<br><lable for>Date of birth</lable for>
<input type="text"name="Date of birth"><br><br>
<br><lable for>Address</lable for>
<input type="text"name="Address"><br><br>
<br>
<lable for>City</lable for>
<input type="text"name="City ">
<br><br><br>>
<select><option selected
disabed>Religion<option>Hindu</option><option>Muslim</option><option>Others</option></sele
ct>
<br><br><br>>
<lable for>Postal code</lable for>
<input type="text"name="Postal code"><br><br>
```

```
<br><lable for>Current annual salary or full time equivalent</lable for>
<input type="text"name="Current annual salary or full time equivalent"><br><br>
<br><lable for>Mobile number</lable for>
<input type="text"name="mobile number">
<br><br><
<br><lable for>Whatsapp number</lable for>
<input type="text"name=Whatsapp number><br><br>
<br><br><
<lable for>Do tou have a disability</lable for><br><br></ri>
<input type="radio"id="Yes"name="Yes">
<lable for="Yes">Yes</lable for><br>
<input type="radio"id="No"name="No">
<lable for="No">No</lable for><br>
<br>
<br><lable for>Email address</lable for>
<input type="text"name="Email address">
<br><br><
<h3>Teaching information</h3>
<lable for>Data reference as a teacher</lable for>
<input type="text"name="Data reference as a teacher">
<br/>br<br/>
<h3>Type of teacher training undertaken</h3>
<lable for>Secondary</lable for>
<input type="text"name="Secondary"><br>
<br>
```

<button type="Submit">SUBMIT</button>
<body></body>
<html></html>

SUBMIT

