

```
<!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>

<label for>First name</label for><input type="text" name="First name"><br><br>

<label for>Last name</label for><input type="text" name="last name"><br>

<br><label for>Date of birth</label for>

<input type="text" name="Date of birth"><br><br>

<br><label for>Address</label for>

<input type="text" name="Address"><br><br>

<br>

<label for>City</label for>

<input type="text" name="City ">

<br><br><br>

<select><option selected
disabled>Religion<option>Hindu</option><option>Muslim</option><option>Others</option></select>

<br><br><br>

<label for>Postal code</label for>

<input type="text" name="Postal
```

code"><br><br>

<br><label for>Current annual salary or full time equivalent</label for>

<input type="text" name="Current annual salary or full time equivalent"><br><br>

<br><label for>Mobile number</label for>

<input type="text" name="mobile number">

<br><br>

<br><label for>Whatsapp number</label for>

<input type="text" name="Whatsapp number"><br><br>

<br><br>

<label for>Do you have a disability</label for><br><br>

<input type="radio" id="Yes" name="Yes">

<label for="Yes">Yes</label for><br>

<input type="radio" id="No" name="No">

<label for="No">No</label for><br>

<br>

<br><label for>Email address</label for>

<input type="text" name="Email address">

<br><br>

<h3>Teaching information</h3>

<label for>Data reference as a teacher</label for>

<input type="text" name="Data reference as a teacher">

<br><br>

<h3>Type of teacher training undertaken</h3>

<label for>Secondary</label for>

<input type="text" name="Secondary"><br>

<br>

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

</form>

<body>

<html>

