

REGISTRATION FORM

Name:

Password:

Email:

Phone Number:

Gender:

Date of Birth:

Languages Known:

Address:

Submit

Job Application Form

First Name:

Last Name:

Email:

Position Applying For:

Salary Requirements:

When Can You Start:

Phone Number:

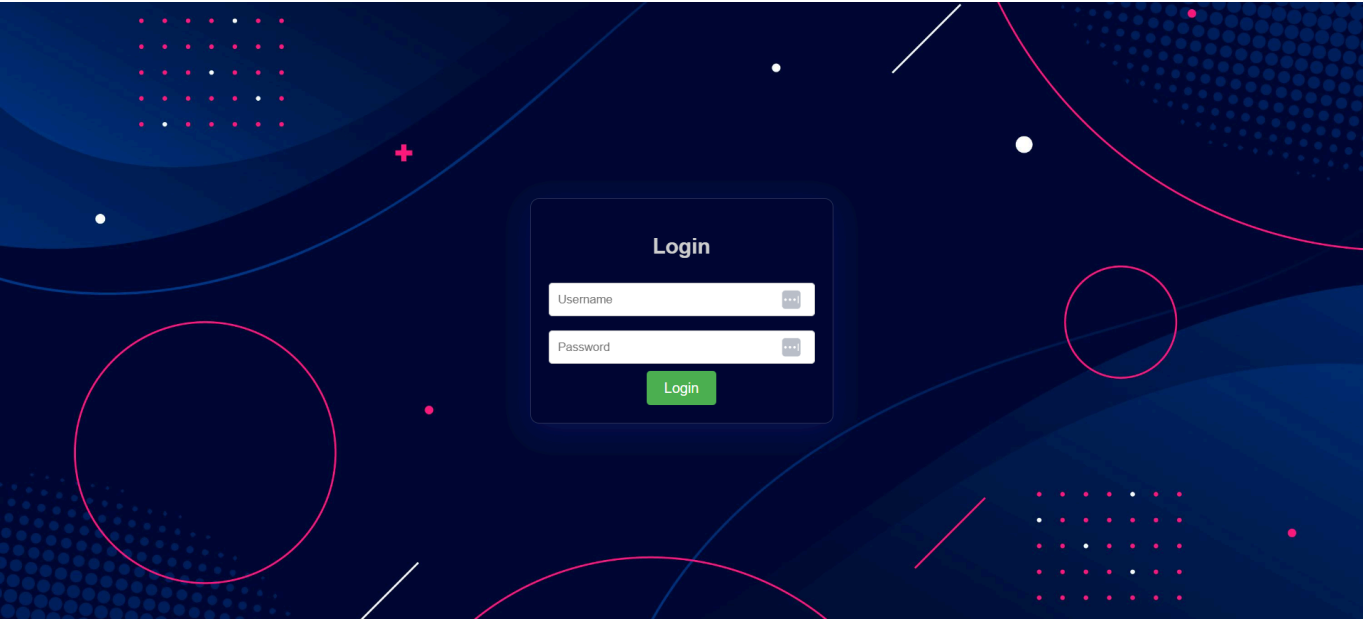
Are You Willing to Relocate:

Last Company Worked For:

Languages Known:

Upload Resume:

Submit Application



```
body {
  font-family: Arial, sans-serif;
}
.container {
  width: 50%;
  margin: 50px auto;
  padding: 20px;
  border: 1px solid #ccc;
  border-radius: 10px;
}
form {
  display: grid;
  gap: 8px;
}
label {
  font-weight: bold;
}
input,
select,
textarea {
  width: 100%;
  padding: 8px;
  box-sizing: border-box;
  margin-top: 5px;
}
input[type="submit"] {
  background-color: #4aae60;
  color: rgb(255, 255, 255);
  cursor: pointer;
}
input[type="submit"]:hover {
  background-color: #45a049;
}
```

```
body {
  font-family: Arial, sans-serif;
  background-color: #f4f4f4;
}
.container {
  width: 50%;
  margin: 50px auto;
  padding: 20px;
  background-color: #fff;
  border: 1px solid #ddd;
  border-radius: 10px;
}
h2 {
  text-align: center;
  color: #333;
}
.form-group {
  margin-bottom: 20px;
}
label {
  display: block;
  font-weight: bold;
  margin-bottom: 5px;
}
input,
select {
  width: 100%;
  padding: 10px;
  box-sizing: border-box;
  margin-top: 5px;
  border: 1px solid #ccc;
  border-radius: 4px;
}
input[type="submit"] {
  background-color: #4caf50;
  color: white;
  cursor: pointer;
}
input[type="submit"]:hover {
  background-color: #45a049;
}
```

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=2.0">
  <title>Registration Page</title>
  <link rel="stylesheet" href="style.css">
</head>
<body>
<h2>REGISTRATION FORM</h2>
<form action="/submit_registration" method="post">
  <label for="name">Name:</label>
  <input type="text" id="name" name="name" required><br>
  <label for="password">Password:</label>
  <input type="password" id="password" name="password" required><br>
  <label for="email">Email:</label>
  <input type="email" id="email" name="email" required><br>
  <label for="phone">Phone Number:</label>
  <input type="tel" id="phone" name="phone" required><br>
  <label for="gender">Gender:</label>
  <select id="gender" name="gender" required>
    <option value="male">Male</option>
    <option value="female">Female</option>
    <option value="other">Other</option>
  </select><br>
  <label for="dob">Date of Birth:</label>
  <input type="date" id="dob" name="dob" required><br>
  <label for="languages">Languages Known:</label>
  <input type="text" id="languages" name="languages" required><br>
  <label for="address">Address:</label>
  <textarea id="address" name="address" rows="4" required></textarea><br>
  <input type="submit" value="Submit">
</form>
```

```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Job Application Page</title>
  <link rel="stylesheet" href="jobstyle.css">
</head>
<body>
<div class="container">
  <h2>Job Application Form</h2>
  <form action="/submit_application" method="post" enctype="multipart/form-data">
    <div class="form-group">
      <label for="firstName">First Name:</label>
      <input type="text" id="firstName" name="firstName" required>
    </div>
    <div class="form-group">
      <label for="lastName">Last Name:</label>
      <input type="text" id="lastName" name="lastName" required>
    </div>
    <div class="form-group">
      <label for="email">Email:</label>
      <input type="email" id="email" name="email" required>
    </div>
    <div class="form-group">
      <label for="position">Position Applying For:</label>
      <input type="text" id="position" name="position" required>
    </div>
    <div class="form-group">
      <label for="salaryRequirements">Salary Requirements:</label>
      <input type="text" id="salaryRequirements" name="salaryRequirements" required>
    </div>
    <div class="form-group">
      <label for="startDate">When Can You Start:</label>
      <input type="date" id="startDate" name="startDate" required>
    </div>
    <div class="form-group">
      <label for="phone">Phone Number:</label>
      <input type="tel" id="phone" name="phone" required>
    </div>
    <div class="form-group">
      <label for="relocate">Are You Willing to Relocate:</label>
      <select id="relocate" name="relocate" required>
        <option value="yes">Yes</option>
        <option value="no">No</option>
      </select>
    </div>
    <div class="form-group">
      <label for="lastCompany">Last Company Worked For:</label>
      <input type="text" id="lastCompany" name="lastCompany" required>
    </div>
    <div class="form-group">
      <label for="languages">Languages Known:</label>
      <input type="text" id="languages" name="languages" required>
    </div>
    <div class="form-group">
      <label for="resume">Upload Resume:</label>
      <input type="file" id="resume" name="resume" accept=".pdf, .doc, .docx" required>
    </div>
    <div class="form-group">
      <input type="submit" value="Submit Application">
    </div>
  </form>
</div>
</body>
</html>
```