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t <!DOCTYPE html>
<html>
    <head>
       <meta charset="utf-8"/>
       <title>Exam Entry</title>
   </head>
   <h1>Employee Interests Survey form</h1>
       <form>
       <label>Enter your name:</label>
       <input type="text" name="name">
       <label>Enter your departement:</label>
       <input type="text" name="departement">
       <label>Tell us a little about yourself:</label>
       <textarea name="story"></textarea>
       <label>Do you like exercise at home ?</label>
       <input type="radio"name="exercise"/> <label>Yes</label>
       <input type="radio" name="exercise"/> <label>No</label>
       <
       <label>How do you like to read about your favorite topics?</label>
       kbr/>
       sbr/>
       <input type="checkbox" name="topics"/><label>Books</label>
       <input type="checkbox" name="topics"/><label>Online ressorces</label>
       <input type="checkbox" name="topics"/><label>Phone apps</label>
       <input type="checkbox" name="topics"/><label>Magazines</label>
       <
       <label>What genre of movies do you like? </label>
       <select name="genre">
           <option value="comedy">Comedy</option>
            <option value="horror">Horror</option>
            <option value="drama">Drama</option>
            <option value="romance">Romance</option>
            <option value="action">Action</option>
       </select>
       <input type="submit" value="submit form"/>
       </form>
   </body>
```

</html>