<!DOCTYPE html>

<html lang="en">

  <head>

    <meta charset="UTF-8" />

    <meta name="viewport" content="width=device-width, initial-scale=1.0" />

    <title>Document</title>

  </head>

  <body>

    <link rel="stylesheet" href="/css/assignment.css" />

    <div>

    <h1><u>Academic Staff Record Form</u></h1>

      <br><br>

      <div class="qwe"> Passport</div>

      <form action="">

        <label for="">First Name:</label>

        <br><br>

        <input type="Name" placeholder="Enter Name" required />

        <br /><br />

        <label for=""> Middle Name (OPTIONAL): </label>

        <br /><br>

        <input type="Name" placeholder="Enter Name" />

        <br /><br />

        <label for=""> Last name: </label>

        <br /><br>

        <input type="Name" placeholder="Enter Name" />

        <br /><br />

        <label for="Email">Email:</label>

        <br /><br>

        <input type="email" placeholder="example@gmail.com" required />

        <br /><br />

        <label for="">marital status:</label>

        <br /><br>

        <select id="" name="marital\_status" required>

          <option value="single">Single</option>

          <option value="married">Married</option>

          <option value="Rather Not Say">Rather Not Say</option>

        </select>

        <br /><br />

        <label for="Gender">Gender:</label><br /><br>

        <select name="Gender" id="Gender" required>

          <option value="M">Male</option>

          <option value="F">Female</option>

          <option value="">Transgender</option>

          <option value="">Binary</option>

          <option value="">Non-Binary</option>

          <option value="Rather Not Say">Rather Not Say</option>

        </select>

        <br /><br />

        <label for="">Faculty:</label><br><br>

        <select name="Faculty" id="Faculty" required>

          <option value="nas">Faculty Of NASES</option>

          <option value="">Faculty Of MSS</option>

          <option value="">Faculty Of IECE</option>

          <option value="">Faculty Of LAW</option>

          <option value="">Faculty Of Art</option>

        </select>

        <br /><br />

        <label for="Contact">Phone Number:</label><br /><br>

        <input type="tel" id="Contact" name="Contact" minlength="0" maxlength="11">

        <br /><br />

        <label for="Job Type">Job Type:</label>

        <br /><br>

        <select name="Job Type" id="Job Type" required>

          <option value="">Teaching staff</option>

          <option value="">Non-Teaching staff</option>

        </select>

        <br /><br />

        <label for="Recruitment date">recruitment date:</label>

        <br /><br>

        <input type="date" id="date" placeholder="" required />

        <br><br>

        <label for="Confirmation date">Confirmation date:</label>

        <br><br>

        <input type="date" id="date" placeholder="" required />

        <br><br>

        <label for="Exit date">Exit date:</label>

        <br><br>

        <input type="date" id="date" placeholder="" required />

        <br><br><br><br>

   <center> <button>

    SUBMIT

    </button></center>

      </form>

    </div>

  </body>

</html>