

jobapp.html

```
<!doctype html>
<html>
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <link href='https://fonts.googleapis.com/css?family=Barrio'
rel='stylesheet'>
    <link rel="stylesheet" href="css/style.css">
</head>
<body>
    <div class="sat">
        <div class="title"><h1>Job Application Form</h1></div>
        <form >
            <div class="sub_title">PERSONAL INFORMATION</div>
            <table>
                <tr>
                    <td>
                        <label><b>Name</b></label>
                    </td>
                    <td>
                        <input class="des" type="text" name="first_name"
placeholder="Firstname" size="15" required>
                        <input class="des" type="text" name="middle_name"
placeholder="Middlename" size="15" required>
                        <input class="des" type="text" name="last_name"
placeholder="Lastname" size="15" required>
                    </td>
                </tr>
            </table>
            <tr>
                <td>
                    <label><b>Gender</b></label>
                </td>
                <td>
                    <Select class="des">
                        <option disabled="disabled" selected="selected">--
choose--</option>
                        <option>Male</option>
                        <option>Female</option>
                        <option>Other</option>
                    </Select>
                </td>
            </tr>
            <tr>
                <td>
                    <label><b>Date of birth</b></label>
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        </td>
        <td>
            <input class="des" type="date" value="dob" required>

        </td>
    </tr>
    <tr>
        <td>
            <label><b>Address</b></label>
        </td>
        <td>
            <textarea class="des"></textarea>
        </td>
    </tr>
    <tr>
        <td>
            <label><b>Pincode</b></label>
        </td>
        <td>
            <input class="des" type="text" size="6" maxlength="6"
required>
        </td>
    </tr>
</table>

<div class="sub_title">EDUCATION QUALIFICATIONS</div>
<table>
    <thead align="center">
        <tr>
            <th>S NO.</th>
            <th>SCHOOL/UNIVERSITY NAME</th>
            <th>BOARD</th>
            <th>PERCENTAGE OBTAINED (%)</th>
            <th>PASS/FAIL</th>
        </tr>
    </thead>
    <tbody align="center">
        <tr>
            <td>1</td>
            <td><input class="des" type="text"></td>
            <td><input class="des" type="text"></td>
            <td><input class="des" type="text" maxlength=5></td>
            <td><Select class="des">
                <option disabled="disabled" selected="selected">--
P/F--</option>
                <option>PASS</option>
                <option>FAIL</option>
            </Select></td>

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        </tr>
        <tr>
            <td>2</td>
            <td><input class="des" type="text"></td>
            <td><input class="des" type="text"></td>
            <td><input class="des" type="text" maxlength=5></td>
            <td><Select class="des">
                <option disabled="disabled" selected="selected">--
P/F--</option>
                <option>PASS</option>
                <option>FAIL</option>
            </Select></td>
        </tr>
        <tr>
            <td>3</td>
            <td><input class="des" type="text"></td>
            <td><input class="des" type="text"></td>
            <td><input class="des" type="text" maxlength=5></td>
            <td><Select class="des">
                <option disabled="disabled" selected="selected">--
P/F--</option>
                <option>PASS</option>
                <option>FAIL</option>
            </Select></td>
        </tr>
        <tr>
            <td>4</td>
            <td><input class="des" type="text"></td>
            <td><input class="des" type="text"></td>
            <td><input class="des" type="text" maxlength=5></td>
            <td><Select class="des">
                <option disabled="disabled" selected="selected">--
P/F--</option>
                <option>PASS</option>
                <option>FAIL</option>
            </Select></td>
        </tr>
    </tbody>
</table>
<br>

<div class="sub_title">CONTACT DETAILS</div>
<table>
    <tr>
        <td>
            <label><b>Phone number</b></label>
        </td>
    </tr>

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        <Select class="des">
            <option disabled="disabled" selected="selected">--
- </option>
            <option>+91</option>
        </Select>
        <input class="des" type="tel" id="phone_number"
maxlength="10" required>
    </td>
</tr>
<tr>
    <td>
        <label for="email"><b>E-mail address</b></label>
    </td>
    <td>
        <input class="des" type="email" id="email"
name="email" placeholder="Enter e-mail" required>
    </td>
</tr>
<tr>
    <td>
        <label for="pwd"><b>Password</b></label>
    </td>
    <td>
        <input class="des" type="password" id="pwd"
placeholder="Enter password" required>
    </td>
</tr>
<tr>
    <td>
        <label for="retype_pwd"><b>Retype Password</b></label>
    </td>
    <td>
        <input class="des" type="password" id="retype_pwd"
placeholder="Retype your password" required>
    </td>
</tr>
</table>
<div class="sub_title">OTHER</div>
<table><tr>
    <td>
        <b>Do you speak any foreign language(s) besides
English ?</b>
    </td>
    <td>
        <input type="checkbox">Arabic&emsp;
        <input type="checkbox">Chinese&emsp;
        <input type="checkbox">Dutch&emsp;
        <input type="checkbox">French&emsp;

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        <input type="checkbox">Japenese&emsp;
        <input type="checkbox">Korean&emsp;
        <input type="checkbox">Portugese&emsp;
        <input type="checkbox">Russian&emsp;
        <input type="checkbox">Spanish&emsp;
    </td>
</tr>
<tr>
    <td>
        <b>Do you have a laptop/pc ?</b>
    </td>
    <td>
        <input type="radio" id="yes" name="opt2">
        <label for="yes">Yes</label>
        <input type="radio" id="no" name="opt2">
        <label for="no">No</label>
    </td>
</tr>
<tr>
    <td>
        <b>Can you work from home ?</b>
    </td>
    <td>
        <input type="radio" id="yes" name="opt3">
        <label for="yes">Yes</label>
        <input type="radio" id="no" name="opt3">
        <label for="no">No</label>
    </td>
</tr>
</table>

<div class="sub_title">UPLOAD DOCUMENTS</div>
<table>
    <tr>
        <td>
            <label for="pic"><b>Upload picture:</b></label><br>
        </td>
        <td>
            <input class="des" type="file" id="pic"
accept="img/png,image/jpeg">
        </td>
    </tr>
    <tr>
        <td>
            <label for="adhaar"><b>Upload your adhaar
card</b></label>
        </td>
        <td>

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                <input class="des" type="file" id="adhaar"
accept="img/png,image/jpeg">
            </td>
        </tr>
    </table>

    <button type="submit" class="btn"><b>Submit</b></button>
</form>
</div>
</body>
</html>

```

style.css

```

body {
    background-color: blanchedalmond;
    opacity: 0.9;
    display: flex;
    font-family: Verdana;
    display: flex;
    align-items: center;
    justify-content: center;
    color: #555;
    background-color: #ecf0f3;
}

* {
    box-sizing: border-box;
}

.title {
    text-align: center;
    letter-spacing: 0.7px;
    font-size: 20px;
    color: firebrick;
    opacity: 0.9;
    font-family: Barrio;
}

.sat {
    padding: 20px 20px 20px 20px;
    border-radius: 60px;
    background-color: #ecf0f3;
    box-shadow: 13px 13px 20px #cbced1, -13px -13px 20px #fff;
}

```

```
.sub_title {
    padding: 10px 10px 10px 10px;
    color: seashell;
    border: none;
    background-color: black;
    box-shadow: 13px 13px 20px #555, -13px -13px 20px #fff;
    font-family: Verdana, Geneva, Tahoma, sans-serif;
}

.des {
    border: none;
    outline: none;
    background: none;
    color: #555;
    padding: 12px 10px 10px 10px;
    border-radius: 25px;
    box-shadow: inset 8px 8px 8px #cbced1, inset -8px -8px 8px #fff;
}

.btn {
    padding: 10px 10px;
    background-color: coral;
    border-color: coral;
    font-family: Verdana, Geneva, Tahoma, sans-serif;
}
```