

Employee Information Form

First Name	<input type="text"/>
Last Name	<input type="text"/>
Employee ID	<input type="text"/>
Department	<input type="text"/>
Email	<input type="text"/>
Phone Number	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	Select <input type="button" value="▼"/>
Address	<input type="text"/>
Start Date	<input type="text"/>
Position	<input type="text"/>
Additional Notes	<input type="text"/>