



7.00 10 YEAR EMPLOYMENT HISTORY

Start with your MOST RECENT employer or period of unemployment. List **ALL** employment and periods of unemployment in the **past 10 years**, including temporary and part-time work, unpaid work, self-employment, military service, time in school, internships, externships, etc.

Please complete your answers on this Form and attach additional copies of this Form if you need space to list additional employment.

If you are CURRENTLY or have been a solo practitioner, complete [FORM 9](#) in addition to this form.

If you are applying under Rule 7A, complete [Section 8.00](#) in addition to this form.

7. _____ <i>i.e. 7.05</i>	Dates:	_____ <i>mm/yyyy</i>	_____ <i>mm/yyyy</i>
		<i>From:</i>	<i>To:</i>
	Status:	Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>
<i>If employed, answer additional questions below. If unemployed, answer the "Explain" question and then skip to next time period.</i>			
If Unemployed, Explain Why:	_____		
Title:	_____		
Name of Firm/Company:	_____		
Street Address:	_____		
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Immediate Supervisor:	_____		Daytime Phone: () _____
Was The Position: <i>(Check all that apply)</i>	Full-time: <input type="checkbox"/>	Paid: <input type="checkbox"/>	J.D. Required: <input type="checkbox"/>
	Part-time: <input type="checkbox"/> # hrs/week _____	Volunteer: <input type="checkbox"/>	J.D. Preferred: <input type="checkbox"/>
If J.D. Required/Preferred, Were You:	Solo: <input type="checkbox"/>	Partner/Shareholder: <input type="checkbox"/>	Associate: <input type="checkbox"/> Other: <input type="checkbox"/> _____
Nature and Extent of Your Duties or Practice:	_____		
Location Work Was Performed:	_____		
	<i>City</i>	<i>State</i>	<i>Country</i>
Reason For Leaving:	_____		Date Employment Ceased: _____ <i>mm/yyyy</i>

7. _____ <i>i.e. 7.06</i>	Dates:	_____ <i>mm/yyyy</i>	_____ <i>mm/yyyy</i>
		<i>From:</i>	<i>To:</i>
	Status:	Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>
<i>If employed, answer additional questions below. If unemployed, answer the "Explain" question and then skip to next time period.</i>			
If Unemployed, Explain Why:	_____		
Title:	_____		
Name of Firm/Company:	_____		
Street Address:	_____		
	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Immediate Supervisor:	_____		Daytime Phone: () _____
Was The Position: <i>(Check all that apply)</i>	Full-time: <input type="checkbox"/>	Paid: <input type="checkbox"/>	J.D. Required: <input type="checkbox"/>
	Part-time: <input type="checkbox"/> # hrs/week _____	Volunteer: <input type="checkbox"/>	J.D. Preferred: <input type="checkbox"/>
If J.D. Required/Preferred, Were You:	Solo: <input type="checkbox"/>	Partner/Shareholder: <input type="checkbox"/>	Associate: <input type="checkbox"/> Other: <input type="checkbox"/> _____
Nature and Extent of Your Duties or Practice:	_____		
Location Work Was Performed:	_____		
	<i>City</i>	<i>State</i>	<i>Country</i>
Reason For Leaving:	_____		Date Employment Ceased: _____ <i>mm/yyyy</i>

**DO NOT
STAPLE**



**MINNESOTA BOARD OF LAW EXAMINERS
APPLICATION FOR ADMISSION**

180 East 5th Street, Suite 950
St. Paul, MN 55101

7. _____ Dates: _____ mm/yyyy _____ mm/yyyy
i.e. 7.07 From: To:

Status: Employed Unemployed

If employed, answer additional questions below. If unemployed, answer the "Explain" question and then skip to next time period.

If Unemployed, Explain Why: _____

Title: _____

Name of Firm/Company: _____

Street Address: _____
Street City State Zip

Immediate Supervisor: _____ Daytime Phone: () _____

Was The Position: Full-time: Paid: J.D. Required:
(Check all that apply) Part-time: # hrs/week _____ Volunteer: J.D. Preferred:

If J.D. Required/Preferred, Were You: Solo: Partner/Shareholder: Associate: Other: _____

Nature and Extent of Your Duties or Practice: _____

Location Work Was Performed: _____
City State Country

Reason For Leaving: _____ Date Employment Ceased: _____ mm/yyyy

7. _____ Dates: _____ mm/yyyy _____ mm/yyyy
i.e. 7.08 From: To:

Status: Employed Unemployed

If employed, answer additional questions below. If unemployed, answer the "Explain" question and then skip to next time period.

If Unemployed, Explain Why: _____

Title: _____

Name of Firm/Company: _____

Street Address: _____
Street City State Zip

Immediate Supervisor: _____ Daytime Phone: () _____

Was The Position: Full-time: Paid: J.D. Required:
(Check all that apply) Part-time: # hrs/week _____ Volunteer: J.D. Preferred:

If J.D. Required/Preferred, Were You: Solo: Partner/Shareholder: Associate: Other: _____

Nature and Extent of Your Duties or Practice: _____

Location Work Was Performed: _____
City State Country

Reason For Leaving: _____ Date Employment Ceased: _____ mm/yyyy