

*One Affidavit must be completed for each employer to obtain the minimum number or years of experience required.

AFFIDAVIT OF EMPLOYMENT AND EXPERIENCE

I, _____, state the following:
(Name of Applicant)

1. I was employed by as a _____ from the dates of _____ to _____
(job title) (start date)
_____ with _____ in _____,
(end date) (employer) (City)
_____.
(State)

2. My responsibilities included _____
(description of responsibilities)

3. As a part of my job I _____
(explain substantive paralegal experience)

4. I left my position with _____ on _____.
(employer) (end date)

5. I am not able to provide an Employer/Supervising Attorney Attestation because _____

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Dated: _____

Applicant Signature