

BOARD OF ARCHITECTURE = ENGINEERING LAND SURVEYING = LANDSCAPE ARCHITECTURE GEOSCIENCE = INTERIOR DESIGN

85 East 7th Place, Suite 160, St. Paul, MN 55101-2113 Phone: 651-296-2388 • Fax: 651-297-5310 • mn.gov/aelslagid

EMPLOYMENT HISTORY AND EXPERIENCE FORM PE EXAM

Please read the INSTRUCTIONS page before completing.

1: General Information and Signatures

APPLICANT: COMPLETE THIS SECTION	
Applicant Name Patrelle Doe (Legal first name- no nicknames) (Last)	
Applicant Title Engineer 1	Postmark Date: 05/10/2018 (MM/DD/YYYY)
Engineering Discipline Mechanical Engineer	
Engineering Discipline Mechanical Engineer [List the discipline for which you are applying to sit) Supervisor Name Christopher Smith	Provide a date prior to your application deadline by which you want the supervisor
Employer/Company Name ABC Engineering Company	to return this form to the Board.
Employment Dates: $\frac{05/20/2016}{\frac{\text{(MM/DD/YYYY)}}{\text{(MM/DD/YYYY)}}}$ to $\frac{03/16/2018}{\frac{\text{(MM/DD/YYYY)}}{\text{(MM/DD/YYYY)}}}$	
Employment Type: Full Time • Part Time - If part time, indica	te hours per week: 30
APPLICANT'S AUTHORIZATION AND RELEASE — THIS RELEASE MUST E I hereby authorize the Board of AELSLAGID to make inquiries of the person listed a employment. Lauthorize the release of information, favorable or otherwise, direct	s a reference with respect to my experience and
Applicant Signature	Date
The Board requests your cooperation in making its evaluation of the qualifications from supervisors/employers is for the use of the Board. In keeping with the Minner provide will be private until the applicant becomes licensed, at which time it will be Please return this signed and completed form to the Board by the postmark date. The applicant:	sota Government Data Practices Act, the information you e classified as public information.
1. Worked under my direct supervision: Yes No	
2. Performed engineering work in the following area(s): Administrative Management Design Analytical	Technical Other (specify)
3. Was primarily involved in the following engineering area(s): Building/Structure Product Road/Bridge Materials Systems Design Review of Engineering Documents	and/or Soil Testing/Inspection Other (specify)
Provided correct employment dates and hours worked per w	
If no , provide correct dates/hours:	
Christers L. X	5/2/2018
Supervisor Signature	Date

2: Description of Work/Projects/Responsibilities

Applicant Name: Patrelle Doe

Supervisor Name: Christopher Smith

APPLICANT: Use this section to document qualifying experience as defined in MN Rule 1800.2805. Complete all information for each assignment or engagement. The description of work must accurately reflect the character of the work, the degree of responsibility, the location of the work, and the client. Mark the type of experience for each description at right (select all types that apply). Attach additional sheets as needed.

SUPERVISOR: Initial next to every description you can substantiate in the box on the column at right. -

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APPLICANT: Mark type of experience.*							REQUIRED! SUPERVISOR:	
D	Р	TS	CS	RA	EE	S	01	Initial below.
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		1	1			1	1	S
		1	1	1		1		5
		1	1	1		1		4
	1547	(1947)4030(23572)	Mark typ	Mark type of	Mark type of exp	Mark type of experie	Mark type of experience	Mark type of experience.*

D = Design P = Planning TS = Technical Specifications * Key to Experience Type Codes

CS = Codes and Standards RA = Research and Analysis EE = Engineering Economics S = Safety OI = Observation and Inspection