

Department of Homeland Security
U.S. Citizenship and Immigration Services

**I-765, Application For
Employment Authorization**

Do not write in this block.

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| Remarks | Action Block | Fee Stamp |
| A# | | |
| Applicant is filing under §274a.12 _____ | | |

☐ Application Approved. Employment Authorized / Extended (*Circle One*) until _____ (Date).
 Subject to the following conditions: _____ (Date).
 Application Denied.
☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).
☐ Failed to establish economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

I am applying for: ☐ Permission to accept employment.
☐ Replacement (*of lost employment authorization document*).
☐ Renewal of my permission to accept employment (*attach previous employment authorization document*).

| | | |
|---|--|---------------|
| 1. Name (Family Name in CAPS) (First) _____ (Middle) _____ | Which USCIS Office? _____ | Date(s) _____ |
| 2. Other Names Used (include Maiden Name) _____ | Results (Granted or Denied - attach all documentation) _____ | |
| 3. U.S. Mailing Address (Street Number and Name) _____ (Apt. Number) _____ | 12. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy) _____ | |
| (Town or City) _____ (State/Country) _____ (ZIP Code) _____ | 13. Place of Last Entry into the U.S. _____ | |
| 4. Country of Citizenship/Nationality _____ | 14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.) _____ | |
| 5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____ | 15. Current Immigration Status (Visitor, Student, etc.) _____ | |
| 6. Date of Birth (mm/dd/yyyy) _____ 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | 16. Go to the "Who May File Form I-765?" section of the instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. (For example, (a)(8), (c)(17)(iii), etc.). () () () | |
| 8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | 17. If you entered the eligibility category, (c)(3)(C), in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below. Degree: _____ Employer's Name as listed in E-Verify: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____ | |
| 9. Social Security Number (Include all numbers you have ever used, if any) _____ | | |
| 10. Alien Registration Number (A-Number) or I-94 Number (if any) _____ | | |
| 11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (Complete the following questions.) <input type="checkbox"/> No (Proceed to Question 12.) | | |

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in **Question 16**.

Signature _____ Telephone Number _____ Date _____

Signature of Person Preparing Form, If Other Than Above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

| | | | |
|------------------|---------------|-----------------|------------|
| Print Name _____ | Address _____ | Signature _____ | Date _____ |
|------------------|---------------|-----------------|------------|

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| Remarks | Initial Receipt | Resubmitted | Relocated | | Completed | | |
| | | | Received | Sent | Approved | Denied | Returned |
| | | | | | | | |