

Sample I-765: Optional Practical Training

OMB No. 1615-0040; Expires 08/31/08
**I-765, Application For
Employment Authorization**

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

Do not write in this block.

Remarks A# Applicant is filing under §274a.12 _____	Action Block	Fee Stamp
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☐ 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 as required in 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?
SAMPLE	John	Michael

2. Other Names Used (Include Maiden Name) _____

3. Address in the United States (Number and Street) (Apt. Number)
 111 Maple Avenue #1A
 (Town or City) (State/Country) (ZIP Code)
 Needham MA 02492

12. Date of Last Entry into the U.S. (mm/dd)
 01/10/2008

13. Place of Last Entry into the U.S.
 New York, NY

4. Country of Citizenship/Nationality
 United Kingdom

14. Manner of Last Entry (Visitor, Student, etc.)
 Student (F-1)

5. Place of Birth (Town or City) (State/Province) (Country)
 Cambridge, England United Kingdom

15. Current Immigration Status (Visitor, Student, etc.)
Student (F-1)

6. Date of Birth (mm/dd/yyyy)
 06/08/1983

7. Gender
☒ Male ☐ Female

8. Marital Status ☐ Married ☒ Single ☐ Widowed ☐ Divorced

9. Social Security Number (Include all numbers you have ever used) (if any)
 123-45-6789

10. Alien Registration Number (A-Number) or I-94 Number (if any)
 722055896 06

11. Have you ever before applied for employment authorization from USCIS?
☐ Yes (If yes, complete below) ☒ No

16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(ii), etc.).
 Eligibility under 8 CFR 274a.2 (c) (3) (B)

17. If you entered the Eligibility Category, (c)(3)(C), in item 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: _____

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 Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature _____ *Jane Sample*

Telephone Number
 (781) 555-3457

Date
 07/17/2008

Signature of person preparing form for request of the applicant and is based on all information provided by the applicant.

Print Name _____ Address _____

Remarks _____

722055896 06
 U.S. IMMIGRATION
 NEW YORK, NY 2468
 ADMITTED UNTIL _____ (CLASS)

Family Name _____
 First (Given) Name _____
 Country of Citizenship _____

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