



# Application For Employment Authorization

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

**USCIS**  
**Form I-765**

OMB No. 1615-0040  
Expires 02/28/2018

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
	Relocated			
	Received		Sent	
	Completed			
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) A#		
		<input type="checkbox"/> Applicant is filing under section 274a.12 _____		

► START HERE - Type or print in black ink.

**I am applying for:**

- Permission to accept employment.
- Replacement (of lost employment authorization document).
- Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

**1. Full Name**

Family Name      First Name      Middle Name  
           

**2. Other Names Used (include Maiden Name)**

Family Name      First Name      Middle Name  
              
           

**3. U.S. Mailing Address**

Street Number and Name      Apt. Number  
        
Town or City      State      ZIP Code  
           

**4. Country of Citizenship or Nationality**

**5. Place of Birth**

Town or City      State/Province      Country  
           

**6. Date of Birth (mm/dd/yyyy)**

**7. Gender**     Male     Female

**8. Marital Status**

Single     Married     Divorced     Widowed

**9. Social Security Number** (Include all numbers you have ever used, if any)

**10. Alien Registration Number (A-Number) or Form I-94 Number (if any)**

**11. Have you ever before applied for employment authorization from USCIS?**

- Yes (Complete the following questions.)

Which USCIS Office?      Dates

    

Results (Granted or Denied - attach all documentation)

- No (Proceed to Question 12.)

**12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)**

**13. Place of Last Entry into the U.S.**

**14. Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

**15. Current Immigration Status** (Visitor, Student, etc.)

**16. Eligibility Category.** 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.

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- 17. (c)(3)(C) Eligibility Category.** 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  
[Redacted]                  [Redacted]

Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number  
[Redacted]

- 18. (c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Question 16** above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

[Redacted]

**19. (c)(35) and (c)(36) Eligibility Category**

- a. If you entered the eligibility category (c)(35) or (c)(36) in **Question 16** above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.  
[Redacted]

- b. Have you **EVER** been arrested for and/or convicted of any crime?       Yes     No

**NOTE:** If you answered "Yes" to **Item Numbers 19.b.**, refer to **Item Number 5., Item H. or Item I.** in the **Who May File Form I-765** section of these Instructions for information about providing court dispositions.

**Certification**

I certify, under penalty of perjury, 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**.

**Applicant's Signature**

[Redacted]

**Date of Signature** (mm/dd/yyyy)

[Redacted]

**Telephone Number**

[Redacted]

**Signature of Person Preparing Form, If Other Than Applicant**

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.

**Preparer's Signature**

[Redacted]

**Date of Signature** (mm/dd/yyyy)

[Redacted]

**Printed Name**

[Redacted]

**Address**

[Redacted]