



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 _____		Approved	Denied

► **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.

() () ()

- 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

--	--

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

--

- 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.

--

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.

--

- 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

--

Date of Signature (mm/dd/yyyy)

--

Telephone Number

--

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

--

Date of Signature (mm/dd/yyyy)

--

Printed Name

--

Address
