



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) | | Approved | Denied |
| | | | | 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

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5. Place of Birth

| Town or City | State/Province | Country |
|--------------|----------------|---------|
| | | |

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

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| |
|--|

7. **Gender** ☐ Male ☐ Female

8. Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

9.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 9.a.**, provide the information requested in **Item Number 9.b.**

9.b. Provide your Social Security number (SSN) (if known)

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| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

10. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 11.**, **Consent for Disclosure**, to receive a card.)

☐ Yes ☐ No

NOTE: If you answered "No" to **Item Number 10.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 10.**, you must also answer "Yes" to **Item Number 11.**

11. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Numbers 10. - 11.**, provide the information requested in **Item Numbers 12.a. - 13.b.**

Father's Name

12.a. Family Name (Last Name)

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12.b. Given Name (First Name)

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| |
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Mother's Name (Provide your mother's birth name.)

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

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

15. 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 **Item Number 16.**)

16. Date of Your Last Arrival or Entry Into the U.S., On or About (mm/dd/yyyy)

17. Place of Your Last Arrival or Entry Into the U.S.

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

19. Current Immigration Status (Visitor, Student, etc.)

20. 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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21. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in **Item Number 20.** 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

22. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in **Item Number 20.** 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.

23. (c)(35) and (c)(36) Eligibility Category

a. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 20.** 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 Number 23.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 **Item Number 20.**

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