



# 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

### 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

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

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- 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.

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**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.

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- 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**

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

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**Telephone Number**

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**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**

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

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**Printed Name**

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**Address**
