



# 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

<b>For USCIS Use Only</b>	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)		<input type="checkbox"/> Approved <input type="checkbox"/> 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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

Family Name	First Name	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

#### 3. U.S. Mailing Address

Street Number and Name	Apt. Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Town or City	State	ZIP Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

[\(USPS ZIP Code Lookup\)](#)

#### 4. Country of Citizenship or Nationality

#### 5. Place of Birth

Town or City	State/Province	Country
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

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)

▶

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)

12.b. Given Name (First Name)

**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
<input type="text"/>	<input type="text"/>

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.  
(  ) (  ) (  )

**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
<input type="text"/>	<input type="text"/>

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**