OMB No. 1615-0040; Expires 04/30/2016

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

I-765, Application For Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
☐ Application Approved ☐ Employment Authorized Until _____ ☐ Employment Extended Until _____		☐ Application Denied - Failed to establish: ☐ Eligibility under 8 CFR 274a.12 (a) or (c) ☐ Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)	Approved	Denied
			Denied	
Subject to the following conditions: _____		☐ Applicant is filing under section 274a.12 _____		

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)

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
☐ Married ☐ Single ☐ 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.

Applicant's Signature

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**.

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.

Signature _____

Date of Signature (mm/dd/yyyy) _____

Printed Name _____

Address _____

DRAFT Not for Production 02/13/2015