

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	
<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
		<input type="checkbox"/> Applicant is filing under section 274a.12		Denied
				A#

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)

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

2. Other Names Used (include Maiden Name)
 (Family Name) (First Name) (Middle Name)

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

3. U.S. Mailing Address
 (Street Number and Name) (Apt. Number)

 (Town or City) (State) (ZIP Code)

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.
 _____ () () ()

4. Country of Citizenship or Nationality

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

5. Place of Birth
 (Town or City) (State/Province) (Country)

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

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

7. Gender Male Female

8. Marital Status
 Married Single Divorced Widowed

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.

9. Social Security Number (Include all numbers you have ever used, if any)

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

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

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.

11. Have you ever before applied for employment authorization from USCIS?
 Yes (Complete the following questions.)
 Which USCIS Office? Dates

b. Have you **EVER** been convicted of any felony committed in the United States?

Yes No

Results (Granted or Denied - attach all documentation)

c. Have you **EVER** been convicted of any misdemeanor committed in the United States?

Yes No

No (Proceed to **Question 12.**)

12. Date of Last Entry into the U.S., on or about (mm/dd/yyyy)

NOTE: If you answered "Yes" to **Item Numbers 19.b.** or **19.c.**, 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.

13. Place of Last Entry into the U.S.

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 _____

Draft
Not for
Production
12/24/2015