



# 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

### 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
<input type="text"/>	<input type="text"/>
Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number	
<input type="text"/>	

**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.

**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.

**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**

**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**