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	
☐ Application Approved ☐ Authorization/Extension Valid From _____ ☐ Authorization/Extension Valid To _____		☐ 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
			A#	
Subject to the following conditions: _____			☐ 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.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

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

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