

Application for Employment Authorization

Use this sample form as a guide when filling out your application.

Hover or click the icon for more details.



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

Table with columns: For USCIS Use Only, Fee Stamp, Action Block, Initial Receipt, Resubmitted. Includes checkboxes for Application Approved/Denied and conditions.

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

Country of Citizenship or Nationality

5. Place of Birth

Town or City State/Province Country

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

Date of Birth

7. Gender Male Female

8. Marital Status

Single Married Divorced Widowed

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

Social Security Number

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

Alien Registration Number

11. Have you ever before applied for employment authorization from USCIS?

Yes/No options, USCIS Office, Dates, Results

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

Date of Last Entry

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

Place of Last Entry

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

Status at Last Entry

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

Current Immigration Status

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.

Eligibility Category

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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.

Form fields for Degree and Employer's Name as listed in E-Verify.

Form field for 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.

Form field for 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.

Form field for 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

Form field for Applicant's Signature.

Date of Signature (mm/dd/yyyy)

Form field for Date of Signature (mm/dd/yyyy).

Telephone Number

Form field for 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

Form field for Preparer's Signature.

Date of Signature (mm/dd/yyyy)

Form field for Date of Signature (mm/dd/yyyy).

Printed Name

Form field for Printed Name.

Address

Form fields for Address.