

# Sample of I-765 | Application for Employment Authorization

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



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

Leave Blank

▶ **START HERE - Type or print in black ink.** Type, if possible.

**I am applying for:**

Check this box for all types of OPT

- 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).

7. **Gender**  Male  Female

8. **Marital Status**

Single  Married  Divorced  Widowed

1. **Full Name**

Family Name	First Name	Middle Name
Doe	Jane	Middlename

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)  
▶

9a-13b are questions related to Social Security Number (SSN). If you have a SSN, you must answer 9a and 9b. Answer numbers 10-13b if you wish to apply for an SSN using this form. Please note: you are not required to request a SSN using this application. This is optional.

2. **Other Names Used** (include Maiden Name)

Family Name	First Name	Middle Name

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.**

This section is where USCIS will mail your EAD card after your OPT is approved. If you will not live at this address for at least 4 months, use another address (e.g. a friend's address). If you use someone else's address, be sure to write "c/o" and his/her name in the address line. If there is not enough space, use first initial with last name, such as c/o J. Smith.

3. **U.S. Mailing Address**

Street Number and Name	Apt. Number	
123 Main Street	Apt 10A	
Town or City	State	ZIP Code
New York	NY	10027

4. **Country of Citizenship or Nationality**

China

5. **Place of Birth**

Town or City	State/Province	Country
Beijing		China

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

01/01/1990

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)

Check this and complete the following boxes only if you have applied directly to USCIS for authorization before and received an EAD. This does NOT refer to on-campus employment or CPT authorization. Enter the most recent EAD information. If you have been issued more than one EAD, please attach a separate letter with explanation.

14. Alien Registration Number (if any)  Type your 11-digit I-94 number from your most recent I-94 at: <https://i94.cbp.dhs.gov/i94>.

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)

Granted Write in Granted, Denied, or Withdrawn

No (Proceed to Item Number 16.)

Based on your previous EAD, write the first 3 letters indicated under the EAD Card Number. EAC, LIN, PSC, SRC, or WAC.

Indicate the last date you entered the U.S. Sometimes the I-94 record may not capture this information if you traveled by land border. The date you indicate here and the date printed out on the electronic I-94 record may not match exactly.

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.

This is where you last entered the U.S. and received your entry stamp from U.S. Customs and Border Protection (CBP). List the City and State. If there is more than one airport in that city, please specify which airport. If you went through CBP Preclearance before departure, indicate the name of the city, such as Toronto Preclearance. Preclearance locations: <http://bit.ly/cbppreclear>.

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.

Complete this section ONLY if you are applying for a 24-month extension of OPT for STEM majors. "Degree" should be entered as:  
- Bachelor's  
- Master's  
- Doctorate

21. (c)(3)(C) Eligibility Category. Enter the category (c)(3)(C) in Item 20. If you are applying for a 24-month extension of OPT for STEM majors, your employer's name as listed in E-Verify or your employer's E-Verify Client 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

The E-verify number is not the employer's EIN number. The E-verify number is usually 4- 7 digits in length.

Be sure to include the employer's E-Verify 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

Your signature. Use a web browser that eliminates the "Don't forget to sign" reminder. You may use blue/black ink.

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