**Sample of I-765 | Application for J-2 Employment Authorization**

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

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**Check this box for your first application for J-2 employment.**

**Check this box if you are applying for an extension of your J-2 employment.**

**This name should match your passport.**

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**Note:** We strongly recommend to type this form.

Please refer to the USCIS I-765 instructions for line by line guidance on how to fill out the form.

If you feel you do not have enough space to answer any questions, use the space provided in Part 6.

It is acceptable to handwrite information in fields that may not be fillable.
### Part 2. Information About You (continued)

#### Your U.S. Mailing Address

| 5a. In Care Of Name (if any) |  
| J. Smith |

| 5b. Street Number and Name |  
| 123 W 50th St |

| 5c. ☐ Apt. ☐ Ste. ☐ Flr. | 10A |

| 5d. City or Town |  
| New York |

| 5e. State |  
| NY |

| 5f. ZIP Code | 10027 |

| 6. Is your current mailing address the same as your physical address? |  
| ☐ Yes ☐ No |

#### U.S. Physical Address

| 7a. Street Number and Name |  
|  |


| 7c. City or Town |  
|  |

| 7d. State |  
|  |

| 7e. ZIP Code |  |

#### Other Information

| 8. Alien Registration Number (A-Number) (if any) |  |

| 9. USCIS Online Account Number (if any) |  |

| 10. Gender |  
| ☐ Male ☑ Female |

| 11. Marital Status |  
| ☐ Single ☑ Married ☐ Divorced ☐ Widowed |

| 12. Have you previously filed Form I-765? |  
| ☐ Yes ☐ No |

| 13a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? |  
| ☐ Yes ☐ No |

| 13b. Provide your Social Security number (SSN) (if known). |  
| 1 2 3 4 5 6 7 8 9 |

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14. **Do you want the SSA to issue you a Social Security card?**  
(You must also answer “Yes” to Item Number 15.  
**Consent for Disclosure:** to receive a card.)  
☐ Yes ☐ No

**NOTE:** If you answered “No” to Item Number 14, skip to Part 2, Item Number 18a. If you answered “Yes” to Item Number 14, you must also answer “Yes” to Item Number 15.

15. **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 14 - 15, provide the information requested in Item Numbers 16a. - 17b.

- **Father’s Name**
  - Provide your father’s birth name.
  - Family Name (Last Name) Doe
  - Given Name (First Name) John

- **Mother’s Name**
  - Provide your mother’s birth name.
  - Family Name (Last Name) Doe
  - Given Name (First Name) Mary

- **Your Country or Countries of Citizenship or Nationality**
  - List all countries where you are currently a citizen or national.
  - If you need extra space to complete this item, use the space provided in Part 6. Additional Information.
    - 18a. Country: China
    - 18b. Country: China

Answer “No” if you were never issued an SSN card. Skip 13b and complete 14 - 17.

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**Please note:** you are not required to request an SSN using this application.

If you do not have an SSN or need a replacement card, you answer “Yes” to 14 and 15 and complete 16 and 17.

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**Do not skip this. Everyone must enter a country.**

**Handwrite your current physical address at the time of application.**

This number is listed on your most recent EAD card. It can be found under the “USCIS #” area. If you do not have one or lost it then you can leave blank.

Refer to the USCIS I-765 Instructions- Item 9 on page 17. Leave this blank if it does not apply to you.

If you answered “Yes”, provide copies of previous EADs with your application, if available. If unavailable, you can explain in Part 6.

Answer “Yes”:
- If you still have your SSN card. Complete 13b, answer “No” to 14, and leave 15-17 blank.
- If you had an SSN card and would like a replacement card. Answer “Yes” to 14 and 15 and complete 16-17.

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This section is where USCIS will mail your EAD card. If you will not receive mail at this address for at least 4 months, use another address (e.g. a friend’s address).

If you will use your own address, then you can leave this line blank. If you use someone else’s address, be sure to write their name in this “In Care Of” line.
### Part 2. Information About You (continued)

**Place of Birth**
List the city/town/village, state/province, and country where you were born.

19a. City/Town/Village of Birth  
Beijing

19b. State/Province of Birth

19c. Country of Birth  
China

20. Date of Birth (mm/dd/yyyy)  
01/01/1990

### Information About Your Last Arrival in the United States

21a. Form I-94 Arrival-Departure Record Number (if any)  
12345678901

21b. Passport Number of Your Most Recently Issued Passport  
1234567890

21c. Travel Document Number (if any)  

21d. Country That Issued Your Passport or Travel Document  
China

21e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)  
08/01/2028

22. Date of Your Last Arrival into the United States, On or About (mm/dd/yyyy)  
01/01/2017

23. Place of Your Last Arrival into the United States  
JFK, New York, NY

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)  
J-2 Exchange Visitor

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)  
J-2 Exchange Visitor

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)  
123456789

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**Information About Your Eligibility Category**

27. Eligibility Category: Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, C(1)(5)(5)).

28. (c)(3)(C) STEM OPT Eligibility Category: If you entered the eligibility category (c)(3)(C) in Item Number 27, provide the information requested in Item Numbers 28a. - 28c.

28a. Degree

28b. Employer's Name as Listed in E-Verify

28c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. (c)(26) Eligibility Category: If you entered the eligibility category (c)(26) in Item Number 27, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. (c)(8) Eligibility Category: If you entered the eligibility category (c)(8) in Item Number 27, provide the information requested in Item Numbers 30a. - 30g.

30a. Have you or any person in your household been convicted of any crime in any country?  

Yes  No

**NOTE:** If you answered “Yes” to Item Number 30a., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) of the Form I-765 Instructions for information about providing court dispositions.

30b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer “Yes,” you MUST provide evidence of your lawful entry.)  

Yes  No

30c. If you answered “No” to Item Number 30b, did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry AND express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?  

Yes  No
Part 2. Information About You (continued)
If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS

30.e. Location where you presented yourself to DHS

30.f. Country of claimed persecution

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27, have you EVER been arrested for and/or convicted of any crime? □ Yes □ No

NOTE: If you answered "Yes" to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8.a.9. in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. □ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. □ The interpreter named in Part 4, read to me every question and instruction on this application and my answer to every question in a language in which I am fluent, and I understood everything.

2. □ At my request, the preparer named in Part 5, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
   212-123-4567

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)
   jd123@columbia.edu

6. □ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.
### Part 3. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1. I reviewed and understood all of the information contained in, and submitted with, my application; and
2. All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understood all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

### Applicant’s Signature

7.a. **Applicant’s Signature**

7.b. **Date of Signature (mm/dd/yyyy)**: 01/01/2017

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

### Part 4. Interpreter’s Contact Information, Certification, and Signature

#### Interpreter’s Mailing Address

3.a. **Street Number and Name**


3.e. **City or Town**

3.d. **State**

3.e. **ZIP Code**

3.f. **Province**

3.g. **Postal Code**

3.h. **Country**

#### Interpreter’s Contact Information

4. **Interpreter’s Daytime Telephone Number**

5. **Interpreter’s Mobile Telephone Number (if any)**

6. **Interpreter’s Email Address (if any)**

#### Interpreter’s Certification

I certify, under penalty of perjury, that:

I am fluent in English and which is the same language specified in Part 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant’s Declaration and Certification, and has verified the accuracy of every answer.

#### Interpreter’s Signature

7.a. **Interpreter’s Signature**

7.b. **Date of Signature (mm/dd/yyyy)**

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**Sign here, using dark blue or black ink.**

**E-signatures are not acceptable.**

**Part 4 refers to an interpreter who may have completed the form for you. Leave blank unless an interpreter has assisted you in filling out this form. Still include this in your final application, even if blank.**
Include page, even if blank

Page 6 (Part 5) refers to other persons who may have completed the form for you. Leave blank unless someone has assisted you in filling out this form. Still include this page in your final application, even if blank.

Use Page 7 (Part 6) if you need extra space to answer any questions from pages 1 - 4. Still include this page in your final application, even if blank.

Note: Include both of these pages in your application, even if they are blank.

Do not upload an editable PDF to the ISSO. You must upload a scanned version of the hard copy document.