

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

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

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.

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.

 Application For Employment Authorization Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-765 OMB No. 1615-0040 Expires 05/31/2020												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">For USCIS Use Only</td> <td style="width: 15%;"> <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid Through _____ </td> <td style="width: 15%; text-align: center;">Fee Stamp</td> <td style="width: 55%; text-align: center;">Action Block</td> </tr> <tr> <td></td> <td>Alien Registration Number A- _____</td> <td colspan="2" style="text-align: center; font-size: 2em; color: lightgray;">Leave Blank</td> </tr> <tr> <td></td> <td>Remarks _____</td> <td colspan="2"></td> </tr> </table>	For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid Through _____	Fee Stamp	Action Block		Alien Registration Number A- _____	Leave Blank			Remarks _____				
For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid Through _____	Fee Stamp	Action Block											
	Alien Registration Number A- _____	Leave Blank												
	Remarks _____													
To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).		<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) _____											
▶ START HERE - Type or print in black ink.														
Part 1. Reason for Applying		Other Names Used												
I am applying for (select only one box):		Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.												
1.a. <input checked="" type="checkbox"/> Initial permission to accept employment.		Additional Information.												
1.b. <input type="checkbox"/> Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.		2.a. Family Name (Last Name) _____												
NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.		2.b. Given Name (First Name) _____												
		2.c. Middle Name _____												
1.c. <input checked="" type="checkbox"/> Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)		3.a. Family Name (Last Name) _____												
Part 2. Information About You		3.b. Given Name (First Name) _____												
		3.c. Middle Name _____												
		4.a. Family Name (Last Name) _____												
Your Full Legal Name		4.b. Given Name (First Name) _____												
1.a. Family Name (Last Name) <input type="text" value="Doe"/>		4.c. Middle Name _____												
1.b. Given Name (First Name) <input type="text" value="Jane"/>														
1.c. Middle Name <input type="text"/>														

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.

This is not fillable. Must be handwritten.

If you answered "Yes", skip 7.a.-7.d. If you answered "No", complete 7.a.-7.d.

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 you application, if available. If unavailable, you can explain in Part 6.

Answer "Yes" if you have an SSN card. Complete 13b and skip 14-17.

Answer "Yes" if you had an SSN card and would like a replacement card. Answer "Yes" to 14 and 15 and complete 16-17.

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code

(USPS ZIP Code Lookup)

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

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State

7.e. ZIP Code

Other Information

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

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

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

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).
 ▶

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 18.a. 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 16.a. - 17.b.

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

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.**

18.a. Country

18.b. Country

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

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

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

Part 2. Information About You (continued)

Place of Birth

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

19.a. City/Town/Village of Birth
Beijing

19.b. State/Province of Birth

19.c. Country of Birth
China

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

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ 1 2 3 4 5 6 7 8 9 0 0

21.b. Passport Number of Your Most Recently Issued Passport
123456123456

21.c. Travel Document Number (if any)

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

21.e. 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)
▶ N- 123456789

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, (a)(8), (c)(17)(iii)).
(C) (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 28.a - 28.c.**

28.a. Degree

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

28.c. 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.**, have you **EVER** been arrested for and/or convicted of any crime?
 Yes No

Leave Blank

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

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. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

"(c)(5)" - J-2 Spouse/Child of J-1 Exchange Visitor

Type your 11-digit I-94 number from your most recent I-94 at: <https://i94.cbp.dhs.gov/i94>.

If you have a travel document other than a passport, provide its number.

Indicate the last date you entered the US. Sometimes the I-94 record may not capture this information if you traveled at land border. Therefore the date you indicate here and the date printed out on the electronic I-94 record may not match.

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>.

Your SEVIS Number is on the top right of your most recent DS-2019.

