

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 08/31/2027

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A-	Leave Blank	
	Remarks		

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

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. Initial permission to accept employment.

1.b. 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.

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 www.uscis.gov/i-765 for further details.

1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Other Names Used

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**.

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

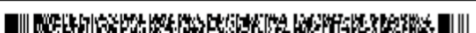
Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Form I-765 Edition 08/21/25  Page 1 of 7

Part 2. Information About You (continued)

Place of Birth

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

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

15.b. State/Province of Birth

15.c. Country of Birth
China

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

Information About Your Last Arrival in the United States

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

18. Passport Number of Your Most Recently Issued Passport
123456123456

19. Travel Document Number (if any)

20. Country That Issued Your Passport or Travel Document
China

21. 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

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

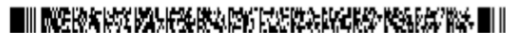
Type your 11-digit I-94 number from your most recent I-94 at: <https://i94.cbp.dhs.gov/i94>.

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.



Part 3. Applicant's Statement, Contact Information, 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
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's 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.

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 provided or authorized all of the information in my application; and
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand 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)

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

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Check this box.

For example, if an attorney has assisted you in filling out this form, indicate their name here. Not fillable. Must handwrite.

Provide a U.S. phone number. You can use your mobile number here.

Please use a current email address.

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.



Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name _____

3.b. Apt. Ste. Flr. _____

3.c. 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 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) _____

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name) _____

1.b. Preparer's Given Name (First Name) _____

2. Preparer's Business or Organization Name (if any) _____

Preparer's Mailing Address

3.a. Street Number and Name _____

3.b. Apt. Ste. Flr. _____

3.c. City or Town _____

3.d. State 3.e. ZIP Code _____

3.f. Province _____

3.g. Postal Code _____

3.h. Country _____

Preparer's Contact Information

4. Preparer's Daytime Telephone Number _____

5. Preparer's Mobile Telephone Number (if any) _____

6. Preparer's Email Address (if any) _____

Form I-765 Edition 08/21/25 Page 5 of 7

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature _____

8.b. Date of Signature (mm/dd/yyyy) _____

Form I-765 Edition 08/21/25 Page 6 of 7

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) _____

1.b. Given Name (First Name) _____

1.c. Middle Name _____

2. A-Number (if any) ▶ A- _____

3.a. Page Number 3.b. Part Number 3.c. Item Number _____

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number _____

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number _____

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number _____

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number _____

7.d. _____

Form I-765 Edition 08/21/25 Page 7 of 7

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 all 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.