

# **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

|            | Authorization/Extension Fee Stam  | p                                 | Action Block   |  |  |  |  |  |
|------------|---|-----------------------------------|--|--|--|--|--|--|
|            |   |                                   |  |  |  |  |  |  |
| For        | Authorization/Extension   |                                   |  |  |  |  |  |  |
| For USC    | vand infough  |                                   |  |  |  |  |  |  |
| Use        |   |                                   |  |  |  |  |  |  |
| Onl        | Alien Registration Number A-  | Alien Registration Number A-      |  |  |  |  |  |  |
|            | Remarks   |                                   |  |  |  |  |  |  |
|            |   |                                   |  |  |  |  |  |  |
| Boa        | rd of Immigration Appeals (BIA)-  | nis box if Form G-2<br>ned.       | Attorney or Accredited Representative USCIS Online Account Number (if any)                 |  |  |  |  |  |
| a          | ccredited representative (if any).  |                                   |  |  |  |  |  |  |
| <b>►</b> S | TART HERE - Type or print in black ink.   | 3                                 |  |  |  |  |  |  |
| Part       | 1. Reason for Applying  | Other Name                        | es Used  |  |  |  |  |  |
| I am       | applying for (select only one box); =   |                                   | er names you have ever used, including aliases,  |  |  |  |  |  |
| 1.a.       | Initial permission to accept employment.  |                                   | and nicknames. If you need extra space to ection, use the space provided in <b>Part 6.</b> |  |  |  |  |  |
| 1.b.       | Replacement of lost, stolen, or damaged employment  | Additional Inf                    |  |  |  |  |  |  |
|            | authorization document, or correction of my   | <b>2.a.</b> Family N              |  |  |  |  |  |  |
|            | employment authorization document <b>NOT DUE</b> to U.S. Citizenship and Immigration Services (USCIS)     | (Last Nar                         | •  |  |  |  |  |  |
|            | error.  | <b>2.b.</b> Given Na (First Na    |  |  |  |  |  |  |
|            | <b>NOTE:</b> Replacement (correction) of an employment authorization document due to USCIS error does not | <b>2.c.</b> Middle N              | fame   |  |  |  |  |  |
|            | require a new Form I-765 and filing fee. Refer to   | <b>3.a.</b> Family N              | ame  |  |  |  |  |  |
|            | Replacement for Card Error in the What is the   | (Last Nar                         |  |  |  |  |  |  |
|            | <b>Filing Fee</b> section of the Form I-765 Instructions for further details.                             | <b>3.b.</b> Given Na (First Na    |  |  |  |  |  |  |
| 1.c.       | Renewal of my permission to accept employment.  (Attach a copy of your previous employment                | <b>3.c.</b> Middle N              | Same   |  |  |  |  |  |
|            | authorization document.)  | <b>4.a.</b> Family N              |  |  |  |  |  |  |
| <b>D</b>   |   | (Last Nar<br><b>4.b.</b> Given Na | •  |  |  |  |  |  |
| Part       | 2. Information About You  | (First Na                         |  |  |  |  |  |  |
| You        | r Full Legal Name 📮   | <b>4.c.</b> Middle N              | fame   |  |  |  |  |  |
|            | Family Name   |                                   |  |  |  |  |  |  |
|            | (Last Name) Given Name  |                                   |  |  |  |  |  |  |
|            | (First Name)  |                                   |  |  |  |  |  |  |
| 1.c.       | Middle Name   |                                   |  |  |  |  |  |  |

Form I-765 05/31/18 Page 1 of 7

| Par   | rt 2. Information About You (continued)   | <b>13.b.</b> Provide your Social Security number (SSN) (if known).  |
|---|---|---|
| You  5.a.                                       | In Care Of Name (if any)  | 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  |
| 5.b.<br>5.c.                                    | Street Number and Name  Apt. Ste. Flr.  | 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.   |
| 5.d.<br>5.e.<br>6.                              | State 5.f. ZIP Code (USPS ZIP Code Lookup)  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. | 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   |
| <ul><li>U.S</li><li>7.a.</li><li>7.b.</li></ul> | Street Number and Name  Apt. Ste. Flr.  | Provide your father's birth name.  16.a. Family Name (Last Name)  16.b. Given Name (First Name)   |
|   |   | Mother's Name   |
|   | City or Town  State 7.e. ZIP Code  Der Information  Alien Registration Number (A-Number) (if any)   | Provide your mother's birth name.  17.a. Family Name (Last Name)  17.b. Given Name (First Name)   |
| 9.  | USCIS Online Account Number (if any)  | Your Country or Countries of Citizenship or<br>Nationality  |
| 10.   | Gender Male Female  | 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 <b>Part 6. Additional Information</b> .  |
| 11.   | Marital Status  Single Married Divorced Widowed   | 18.a. Country   |
| 12.   | Have you previously filed Form I-765?  Yes No   | 18.b. Country   |
| 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.                               |   |

Form I-765 05/31/18 Page 2 of 7

| Part                   | t 2. Information About You (continued)  | Inf   | ormation About Your Eligibility Category   |
|------------------------|---|-------|--|
| <i>Plac</i><br>List th | the of Birth  the city/town/village, state/province, and country where there born.  City/Town/Village of Birth                          | 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)).   |
| 19.b.                  | State/Province of Birth   | 28.   | (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in <b>Item Number</b> 27., provide the information requested in <b>Item Numbers</b>   |
| 19.c.                  | Country of Birth  | 28.a. | 28.a - 28.c Degree   |
| 20.                    | Date of Birth (mm/dd/yyyy)  | 28.b  | Employer's Name as Listed in E-Verify  |
| •                      | rmation About Your Last Arrival in the<br>ted States  | 28.c. | Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number   |
|                        | Form I-94 Arrival-Departure Record Number (if any)  Passport Number of Your Most Recently Issued Passport                               | 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.   |
| 21.c.                  | Travel Document Number (if any)   | 30.   | (c)(8) Eligibility Category. If you entered the eligibility  |
| 21.d.                  | Country That Issued Your Passport or Travel Document  | 20.   | category (c)(8) in <b>Item Number 27.</b> , have you <b>EVER</b> been arrested for and/or convicted of any crime?  Yes No  |
|                        | Expiration Date for Passport or Travel Document (mm/dd/yyyy)  Date of Your Last Arrival Into the United States, On or                   |       | 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  |
|                        | About (mm/dd/yyyy)  Place of Your Last Arrival Into the United States   | 31.a  | for information about providing court dispositions.  (c)(35) and (c)(36) Eligibility Category. If you entered  |
| 24.                    | Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)   |       | the eligibility category (c)(35) in <b>Item Number 27.</b> , 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 <b>Item Number 27.</b> , please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140. |
|                        | Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category) | 31.b  | If you entered the eligibility category (c)(35) or (c)(36) in  Item Number 27., have you EVER been arrested for  |
| 26.                    | Student and Exchange Visitor Information System   |       | and/or convicted of any crime? Yes No  |

of the Form I-765 Instructions for information about providing court dispositions.

**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

Form I-765 05/31/18 Page 3 of 7

(SEVIS) Number (if any)

## 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 | t's | Statement |
|-----------|-----|-----------|
|-----------|-----|-----------|

|      |      | Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If e, select the box for <b>Item Number 2.</b>                                       |
|------|------|---|
| 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 <b>Part 4.</b> 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 <b>Part 5.</b> ,  prepared this application for me based only upon information I provided or authorized.         |
| App  | lica | nt's Contact Information  |
| 3.   | App  | olicant's Daytime Telephone Number  |
| 4.   | App  | olicant's Mobile Telephone Number (if any)  |
| 5.   | App  | olicant'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 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.

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 understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

| App           | plicant's Signature            |
|---------------|--------------------------------|
| 7.a.          | Applicant's Signature          |
| $\rightarrow$ |                                |
| <b>7.b.</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) |  |  |  |  |  |
|                         |  |  |  |  |  |  |

Form I-765 05/31/18 Page 4 of 7

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

| Inte  | 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  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| Inte  | rpreter's Contact Information                  |  |  |  |  |  |  |  |
| 4.  | Interpreter's Daytime Telephone Number         |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| 5.  | Interpreter's Mobile Telephone Number (if any) |  |  |  |  |  |  |  |
| 6.  | Interpreter's Email Address (if any)           |  |  |  |  |  |  |  |
|   | (  |  |  |  |  |  |  |  |
| Inte  | erpreter's Certification                       |  |  |  |  |  |  |  |
| I cert  | ify, under penalty of perjury, that:           |  |  |  |  |  |  |  |
| I am fluent in English and which is the same language specified in <b>Part 3.</b> , <b>Item Number 1.b.</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 <b>Applicant's Declaration and Certification</b> , 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.

| .a.       | Preparer's Family Name (Last Name)                |  |  |  |  |  |  |  |
|-----------|---|--|--|--|--|--|--|--|
| .b.       | Preparer's Given Name (First Name)                |  |  |  |  |  |  |  |
| •         | Preparer's Business or Organization Name (if any) |  |  |  |  |  |  |  |
| Pre       | parer'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   |  |  |  |  |  |  |  |
|           |   |  |  |  |  |  |  |  |
| Pre       | parer's Contact Information                       |  |  |  |  |  |  |  |
| ۱.        | Preparer's Daytime Telephone Number               |  |  |  |  |  |  |  |
| 5.        | Preparer's Mobile Telephone Number (if any)       |  |  |  |  |  |  |  |
| <b>5.</b> | Preparer's Email Address (if any)                 |  |  |  |  |  |  |  |
|           |   |  |  |  |  |  |  |  |

Form I-765 05/31/18 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 ay 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 Declaration and 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 05/31/18 Page 6 of 7

| Pai                                 | rt 6. Additio  | onal Iı                                  | nformation   | F                                    |  | 5.a. | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|-------------------------------------|--|--|--|--------------------------------------|--|------|-------------|------|-------------|------|-------------|
| within space to co sheet at the Num | u need extra sp<br>n this application<br>than what is p<br>implete and file<br>of paper. Typ<br>the top of each shalber, and Item<br>and date each s | on, use rovided with the or prineet; ind | the space below, you may may is application and your name a licate the <b>Page</b> | w. If you ke copie or attach and A-N | ou need more<br>is of this page<br>in a separate<br>umber (if any)<br>er, Part | 5.d. |             |      |             |      |             |
| 1.a.                                | Family Name (Last Name)  |  |  |                                      |  |      |             |      |             |      |             |
| 1.b.                                | Given Name<br>(First Name)   |  |  |                                      |  |      |             |      |             |      |             |
| 1.c.                                | Middle Name  |  |  |                                      |  | 6.a. | Page Number | 6.b. | Part Number | 6.c. | Item Number |
| 2.                                  | A-Number (if   | any) 🕨                                   | - A-   |                                      |  | ( 1  |             |      |             |      |             |
| 3.a.                                | Page Number  | 3.b.                                     | Part Number  | 3.c.                                 | Item Number  | 6.d. |             |      |             |      |             |
| 3.d.                                |  |  |  | J                                    |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  | 7.a. | Page Number | 7.b. | Part Number | 7.c. | Item Number |
|                                     |  |  |  |                                      |  | 7.d. |             |      |             |      |             |
| 4.a.                                | Page Number  | 4.b.                                     | Part Number  | 4.c.                                 | Item Number  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
| <b>4.d.</b>                         |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |
|                                     |  |  |  |                                      |  |      |             |      |             |      |             |

Form I-765 05/31/18 Page 7 of 7