



# Application For Employment Authorization

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 07/31/2022

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>THIS IS A SAMPLE FORM; NOT LEGAL ADVICE!</b> <i>We offer suggested answers meant to assist with common questions about what the form is asking. Ultimately THE APPLICANT IS responsible for correctly completing the forms.</i>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number _____		
	Remarks _____		

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>										

→ **START HERE** - Type or print in black ink. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

## 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 **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c.**  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Check 1.a. for standard 12-month OPT

## 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

Fill in your full legal name as listed on your passport. If you do not have a middle name, leave box blank

Only complete this section if you have legally (or for other document purposes) used another name. Otherwise, leave blank

## 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

**Part 2. Information About You (continued)**

**Your U.S. Mailing Address** [\(USPS ZIP Code Lookup\)](#)

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

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

This is the address to which your EAD card and other documents will be mailed. Government mail cannot be forwarded.

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

**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

This is the address where you physically live

**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

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

Leave questions 8 and 9 blank

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

Answer accordingly. If you answer "yes," you should list your SSN in question 13B, and then skip to question 18A. If "no" answer questions 14-17b

13.b. 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.

If you don't have an SSN, answer "yes" to request with EAD card

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA 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.

Only answer if requesting SSN

**Father's Name**

Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Only answer if requesting SSN

**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 question, provide the information requested in Part 6. Additional Information.

List all countries where you hold legal citizenship

18.a. Country

18.b. Country

Answer accordingly. Have you ever applied for OPT, or another form of work authorization (not CPT) using this form I 765?



(c) (3) (B) for standard 12 month OPT

Part 2. Information About You (continued)

Information About Your Eligibility Category

Place of Birth

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

19.a. City/Town/Village of Birth

[Empty text box]

19.b. State/Province of Birth

[Empty text box]

19.c. Country of Birth

[Empty text box]

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

[Empty date box]

Information About Your Last Arrival in the United States

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

[Empty I-94 number box]

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

[Empty passport number box]

21.c. Travel Document Number (if any)

[Empty travel document number box]

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

[Empty country box]

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

[Empty date box]

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

[Empty date box]

23. Place of Your Last Arrival Into the United States

[Empty place of arrival box]

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

[Empty immigration status box]

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

[Empty current status box]

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

N- [Empty SEVIS number box]

Answer according to place of birth and date of birth

I94 Number as listed online: https://i94.cbp.dhs.gov/I94/#/home

Include your passport number for 21b. Leave 21c blank, and then answer the rest of the questions regarding your passport and entry to the US (airport code)

Answer "F-1 Student" for 24, unless you changed your status from within the U.S. Question 25 should read "F-1 student"

BLANK

Eligibility Category. Refer to the Who May File Form 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)).

( ) ( ) ( )

28. (c)(3)(C) STEM OPT Eligibility Category. If you are in an eligible category (c)(3)(C) in Item Number 28, enter the appropriate letter and number for your eligibility category (c)(3)(C) in Item Number 28. For more information requested in Item Numbers 28.a through 28.c, see the instructions for this application.

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

[Empty employer name box]

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

[Empty E-Verify ID number box]

29. (c)(26) Eligibility Category. If you are in an eligible category (c)(26) in Item Number 29, enter the appropriate letter and number for your H-1B spouse's category (c)(26) in Item Number 29. For more information requested in Item Numbers 29.a through 29.c, see the instructions for this application.

[Empty category box]

Category 1  
Item Number 1

been arrest  
of any crim

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dispositions.

30.b. 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 are an H-1B spouse, you **MUST** provide evidence of your lawful status.)

Yes  No

30.a. Did you, 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

This is the number starting with "N" listed on your form I-20



**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

**30.f.** Country

**30.g.** Provide information on whether you are currently in the United States. If you are currently in the United States, provide the date you were last in the United States.

**Usually all blank**

**NOTE:** Refer to the **With Pending Application** section of the I-765 Instructions.

**31.a. (c)(35)** If you are currently in the United States, please provide the date you were last in the United States. If you have not been in the United States for at least 12 months, please provide the date you were last in the United States.

**31.b.** If you are currently in the United States, please provide the date you were last in the United States.

**NOTE:** Refer to the **With Pending Application** section of the Form I-765 Instructions.

**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.

Check box 1a. If you have a legal representative preparing this for you, answer question 2 accordingly. Otherwise, leave 1b and 2 blank.

**Applicant's Statement**

**NOTE:** Select the box for either **Item Number 1.a.** or **Item Number 1.b.** 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 on the information I provided or authorized.

Include your U.S. contact information

**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 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 all of the information contained in, and that all of this information is correct.

**SIGN IN BLACK INK, and DATE - Signature should be within box**

**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 Name

1.b. Interpreter's Last Name

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

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

**Interpreter's Mailing Address**

3.a. Street Name and Number

3.b. Apartment Number

3.c. City or Town

3.d. State

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Certification**

4. Interpreter's Signature

5. Interpreter's Name

6. Interpreter's Title

**Interpreter's Certification**

I certify, under penalty of perjury, that I am fluent in the language of the applicant, which is the language of the application, and I have answered every question to the best of my ability. I understand the application, and I have provided the information requested.

I am fluent in \_\_\_\_\_, which is the language of the applicant, and I have answered every question to the best of my ability. I understand the application, and I have provided the information requested.

1.b., and I have answered every question to the best of my ability. I understand the application, and I have provided the information requested.

**Interpreter's Certification**

**Interpreter's Signature**

7.a. Interpreter's Signature

7.b. Date of Signature

**BLANK IF NOT USING INTERPRETER**



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

**Preparer's Statement**

7.a.  I am not an attorney or accredited representative but have prepared this application on behalf of the

Provide the following information:

**Preparer's Full Name**

1.a. Preparer's Family Name

1.b. Preparer's Given Name

2. Preparer's Business Name

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.

3.c. City or Town

3.d. State

3.e.

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)

**BLANK IF YOU (THE APPLICANT),  
ARE THE PERSON COMPLETING THE  
APPLICATION**

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**Part 6. Additional Information**

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**COMPLETE THIS PAGE IF YOU HAVE DONE OPT OR CPT IN THE PAST (or to provide additional information for previous questions if there was not enough space provided). IF YOU HAVE NOT DONE CPT OR OPT, or do not need additional space, LEAVE BLANK**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

list any previously authorized CPT or OPT and the academic level at which it was authorized

(If any) ▶ A-

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

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