



Application For Employment Authorization

Department of Homeland Security  
U.S.CitizenshipandImmigrationServices

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 08/31/2027

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input style="width: 100px;" type="text"/>		
	Remarks		

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney State Bar Number (if applicable)</b> <input style="width: 100%;" type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input style="width: 100%;" type="text"/>
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If you have used other names like Maiden, Married Name, Name Change ETC.

▶ **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](http://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.)

**Part 2. Information About You**

**Your Full Legal Name**

1.a. Family Name (Last Name)	<b>YOUR LAST NAME</b>
1.b. Given Name (First Name)	<b>YOUR FIRST NAME</b>
1.c. Middle Name	<b>YOUR MIDDLES NAME</b>

**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)	<input style="width: 100%;" type="text"/>
2.b. Given Name (First Name)	<input style="width: 100%;" type="text"/>
2.c. Middle Name	<input style="width: 100%;" type="text"/>
3.a. Family Name (Last Name)	<input style="width: 100%;" type="text"/>
3.b. Given Name (First Name)	<input style="width: 100%;" type="text"/>
3.c. Middle Name	<input style="width: 100%;" type="text"/>
4.a. Family Name (Last Name)	<input style="width: 100%;" type="text"/>
4.b. Given Name (First Name)	<input style="width: 100%;" type="text"/>
4.c. Middle Name	<input style="width: 100%;" type="text"/>



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

If you have a physical address different from you mailing address

Country you are citizen or national to EX: Mexico, Guatemala, El Salvador, Nicaragua, Venezuela, ETC And Yes if you have more than one use 14b. to put the other country that applies

Other Information

- 8. Alien Registration Number (A-Number) (if any) AKA USCIS# on EAD card (If Any) → A-
- 9. USCIS Online Account Number (if any) If any →
- 10. Sex Choose one →  Male  Female
- 11. Marital Status Choose one →  Single  Married  Divorced  Widowed
- 12. Have you previously filed Form I-765? Choose one, If you have DACA its YES →  Yes  No
- 13. Provide your Social Security number (SSN) (if known). Your Social Security# (If Any) →

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.

- 14.a. Country
- 14.b. Country



**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

City Of Birth

15.b. State/Province of Birth

State where you were Born

15.c. Country of Birth

Mexico China Guatemala El Salvador ETC

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

YourDateOf Birth

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

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

Look up your I-94

18. Passport Number of Your Most Recently Issued Passport

Passport #

19. Travel Document Number (if any)

Usually Not For You

20. Country That Issued Your Passport or Travel Document

Mexico China Guatemala El Salvador ETC

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

Expiration date on the passport

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

Information on you I-94 Go to I-94 website to find yours

23. Place of Your Last Arrival Into the United States

Information on you I-94

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

Information on you I-94 Should be: DA

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

Usually NLS

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

Usually Not for you but if applies enter information

**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)).

Category for AOS ONLY

( c ) ( 09 ) ( )

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 Does Not Apply

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

Does Not Apply

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

Does Not Apply

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.

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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.

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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.



### 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.

Check this if you understand English if not choose

#### 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.

Make sure to add your contact information, this is for the beneficiary the person applying for the Work Permit

Created By Cindy Garcia

#### 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  
➔ \_\_\_\_\_ Black Ink Only
- 7.b. Date of Signature (mm/dd/yyyy) \_\_\_\_\_ Date you sign

**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) \_\_\_\_\_



**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)

**Only fill if you are the Preparer**



**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)

Continue if needed



## 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. 

Add any additional information that did fit on the spaces provided above

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.

