

This is a **SAMPLE** form to help you complete your I-765. Each page of this PDF will help you complete each section. It is **VERY** important that this form is filled out correctly. It will cost an additional \$380 to correct any mistakes! Please go the next page in this PDF to begin.

U.S. Citizenship and Immigration Services

Employment Authorization

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		Approved Denied A# _____
			<input type="checkbox"/> Applicant is filing under section 274a.12 _____	

I am applying for: Permission to accept employment. Replacement (of lost employment authorization document).
 Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

- Full Name**
 (Family Name) (First Name) (Middle Name)
Doe John
- Other Names Used** (include Maiden Name)
SKIP
- U.S. Mailing Address**
 (Street Number and Name) (Apt. Number)
INTL Admissions 1000 N. Main St.
 (Town or City) (State) (ZIP Code)
Findlay OH 45840
- Country of Citizenship or Nationality**
Japan
- Place of Birth**
 (Town or City) (State/Province) (Country)
Tokyo Japan
- Date of Birth** (mm/dd/yyyy) **01/01/1999**
- Gender** Male Female
- Marital Status**
 Married Single Divorced Widowed
- Social Security Number** (Include all numbers you have ever used, if any)
SKIP IF NO SSN
- Alien Registration Number (A-Number) or Form I-94 Number** (if any)
11 Digit Number at top of I-94 page
- Have you ever before applied for employment authorization from USCIS?**
 Yes (Complete the following questions.)
 Which USCIS Office? _____ Dates _____
 Results (Granted or Denied - attach all documentation) _____
 No (Proceed to **Question 12.**)
- Date of Last Entry into the U.S., on or about** (mm/dd/yyyy)
05/05/2015
- Place of Last Entry into the U.S.**
Detroit, MI
- Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

- Current Immigration Status** (Visitor, Student, etc.)
F-1 Student
- Eligibility Category.** Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.
(C) (3) (B)
- (c)(3)(C) Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Question 16** above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.
 Degree _____ Employer's Name as listed in E-Verify
SKIP
 Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number _____
- (c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Question 16** above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.
SKIP

Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in **Question 16.**

Applicant's Signature **SIGN HERE**
Date of Signature (mm/dd/yyyy) _____
Telephone Number _____

Signature of Person Preparing Form, If Other Than Applicant

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Preparer's Signature **SKIP**
Date of Signature (mm/dd/yyyy) _____
Printed Name _____
Address _____

I-765, Application For Employment Authorization

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

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted	
	SKIP THIS TOP SECTION - USCIS ONLY			Relocated	
				Received	Sent
				Completed	
<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____		<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(1)-(10)		Approved	Denied

Check the first box, "Permission to accept employment".

I am applying for: Permission to accept employment. Renewal of my permission to accept employment

1. **Full Name**
(Family Name) (First Name) (Middle Name)
Doe John

2. **Other Names Used** (include Maiden Name)
SKIP

3. **U.S. Mailing Address**
(Street Number and Name) (Apt. Number)
INTL Admissions 1000 N. Main St.
(Town or City) (State) (ZIP Code)
Findlay OH 45840

4. **Country of Citizenship or Nationality**
Japan

5. **Place of Birth**
(Town or City) (State/Province) (Country)
Tokyo Japan

6. **Date of Birth** (mm/dd/yyyy) **01/01/1999**

7. **Gender** Male Female

8. **Marital Status**
 Married Single Divorced Widowed

9. **Social Security Number** (Include all numbers you have ever used, if any)
SKIP IF NO SSN

10. **Alien Registration Number (A-Number) or Form I-94 Number** (if any)
11 Digit Number at top of I-94 page

11. **Have you ever before applied for employment authorization from USCIS?**
 Yes (Complete the following questions.)
Which USCIS Office? Dates

Results (Granted or Denied - attach all documentation)

 No (Proceed to **Question 12.**)

12. **Date of Last Entry into the U.S., on or about** (mm/dd/yyyy)
05/05/2015

13. **Place of Last Entry into the U.S.**
Detroit, MI

14. **Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)
F-1 Student

INSTRUCTIONS

1. Last Name, First Name, Middle Name (if any)
2. Skip
3. **Use the address in this sample.** INTL Admissions, 1000 North Main St., Findlay, OH 45840 (Do not use your personal address)
4. Country of Citizenship
5. You can abbreviate the State if you like.
6. Date of Birth
7. Gender
8. Current Marital Status
9. Leave blank if you do not have an SSN.
10. I-94 Number. Use the number at the top of your I-94 print out.
11. If you have never applied for OPT before check "No". If you answered "No" skip to question 12. If you have applied for OPT before check "Yes". If you answered "Yes" type the name of the USCIS office you sent your previous application to, the Dates of your OPT and type "GRANTED".
12. This is the date of your last entry at the POE. It can be found on your I-94.
13. This is the International Airport when you arrived at the POE in the U.S. Use the CITY and STATE of the airport.
14. Your Current Visa Status

I-765, Application For Employment Authorization

15. Type F-1 Student

16. Type C 3 B

17. Leave blank

18. Leave blank

Certification

Sign your name, Today's Date and Telephone Number

SKIP

Action Block	Initial Receipt	Resubmitted
	Relocated	
	Received	Sent
Completed		
on Denied - Failed to establish:	Approved	Denied
Eligibility under <input type="checkbox"/> Economic necessity under 274a.12 8 CFR 274a.12(c)(14), (18) (c) and 8 CFR 214.2(f)	A#	
<input type="checkbox"/> Applicant is filing under section 274a.12 _____		

placement (of lost employment authorization document).
 nt (attach a copy of your previous employment authorization document).

15. Current Immigration Status (Visitor, Student, etc.)
F-1 Student

16. Eligibility Category. Go to the "Who May File Form I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.
(C) (3) (B)

17. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in **Question 16** above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.
 Degree _____ Employer's Name as listed in E-Verify _____
SKIP
 Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number _____

18. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in **Question 16** above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.
SKIP

Certification
 I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in **Question 16**.

Applicant's Signature SIGN HERE _____
Date of Signature (mm/dd/yyyy) _____
Telephone Number _____

Signature of Person Preparing Form, If Other Than Applicant
 I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Preparer's Signature SKIP _____
Date of Signature (mm/dd/yyyy) _____
Printed Name _____
Address _____