



Fee Status

Action Block

Initial Receipt

Resubmitted

This is a **SAMPLE** form to help you complete your I-765.
The original form is found at: <https://www.uscis.gov/i-765>

Subject to the following conditions:

Applicant is being under section 274A.12

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

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).

1. Full Name

Family Name	First Name	Middle Name
Doe	John	

2. Other Names Used (include Maiden Name)

Family Name	First Name	Middle Name

3. U.S. Mailing Address

Street Number and Name	Apt. Number
INTL ADMS 1000 N. Main St.	
Town or City	State
Findlay	OH
	ZIP Code
	45840

4. Country of Citizenship or Nationality

Fill in appropriate information

5. Place of Birth

Town or City	State/Province	Country
Fill in appropriate information		

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

Fill in appropriate information

INSTRUCTIONS

I am applying for:

- X Permission to accept employment.

1. Last Name, First Name, Middle Name (if any) as recorded in Passport

2. Skip

3. Use the address in this sample. Do NOT use your personal address

INTL ADMS, 1000 N. Main St., Findlay, OH 45840

4. Country of Citizenship

5. Place of Birth (you may abbreviate State)

6. Date of Birth



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
		<input type="checkbox"/> Applicant is filing under section 274a.12 _____		A#	

7. Gender: Check appropriate box

8. Marital Status: Check appropriate box.

Social Security Section

This form will now automatically issue you a Social Security Number if you do not yet have one.

If you have a SSN then answer "yes" to 9.a. and write in your number in 9.b. This field is not yet "fillable" so you will need to hand write this in. You will then answer "no" to 10 and 11 and skip 12 a/b and 13 a/b.

If you do NOT have a SSN then answer "no" to question 9.a., skip 9.b. and then answer "yes" to 10 and 11. You will then complete 12 a/b and 13 a/b on the next page.

7. Gender Male Female

8. Marital Status

Single Married Divorced Widowed

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

NOTE: If you answered "Yes" to Item Number 9.a., provide the information requested in Item Number 9.b.

9.b. Provide your Social Security number (SSN) (if known)
▶

10. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 11., Consent for Disclosure, to receive a card.)
 Yes No

NOTE: If you answered "No" to Item Number 10., skip to Item Number 14. If you answered "Yes" to Item Number 10., you must also answer "Yes" to Item Number 11.

11. **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 10. - 11., provide the information requested in Item Numbers 12.a. - 13.b.

Father's Name

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

Mother's Name (Provide your mother's birth name.)

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

14. Alien Registration Number (A-Number) or Form I-94 Number (if any)

Fill in appropriate information

15. 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 Item Number 16.)

16. Date of Your Last Arrival or Entry Into the U.S., On or About (mm/dd/yyyy)

Fill in appropriate information

17. Place of Your Last Arrival or Entry Into the U.S.

Fill in appropriate information

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

F-1 Student

19. Current Immigration Status (Visitor, Student, etc.)

Student

20. 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)

21. (c)(3)(C) Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 20. 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

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

14. Enter your I-94 number which can be located at: <https://i94.cbp.dhs.gov/>

15. If you have applied for OPT or another EAD card from the USCIS in the past then check YES. Otherwise, check NO.

If you check YES then you will fill in what USCIS office you sent your paperwork to, the dates of employment authorization and if your employment authorization was Granted or Denied.

16 & 17. Look at your I-94 and record the last date of arrival and your place of arrival recorded in the I-94.

18. F-1 Student

19. Student

20. Use code C3B

21. SKIP

22. SKIP

23. a & b. SKIP

Sign and Date

Telephone Number

Skip "Signature of Person Preparing Form" section.

22. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in **Item Number 20.** 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.

23. (c)(35) and (c)(36) Eligibility Category

a. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 20.** above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.

b. Have you **EVER** been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to **Item Number 23.b.**, refer to **Item Number 5., Item H.** or **Item I.** in the **Who May File Form I-765** section of these Instructions for information about providing court dispositions.

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 **Item Number 20.**

Applicant's Signature

Fill in appropriate information

Date of Signature (mm/dd/yyyy)

Telephone Number

Fill in appropriate information

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

Date of Signature (mm/dd/yyyy)

Printed Name

Address