Application For Employment Authorization

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

For USCIS Use Only

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Alien Registration Number A-  
Remarks

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).

☐ Select this box if Form G-28 is attached.  
Attorney or Accredited Representative USCIS Online Account Number (if any)

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 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.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)  Smith

1.b. Given Name (First Name)  Jane

1.c. Middle Name  Doe

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)  N/A

2.b. Given Name (First Name)  

2.c. Middle Name  

3.a. Family Name (Last Name)  N/A

3.b. Given Name (First Name)  

3.c. Middle Name  

4.a. Family Name (Last Name)  N/A

4.b. Given Name (First Name)  

4.c. Middle Name  

Make sure that you complete the form as shown on this example. You need to send all seven pages of this form when you mail your application to USCIS.
### Part 2. Information About You (continued)

#### Your U.S. Mailing Address

1. **Item 5.** This is where your EAD card will be mailed. List an address where you can be reached for 3-5 months. If you are using a friend or family member’s address, list their name in 5.a.

   5.a. In Care Of Name (if any):
   
   5.b. Street Number and Name:
   
   
   5.d. City or Town:
   
   5.e. State [MD]  5.f. ZIP Code: 11111

2. **Item 7.** This address is where you reside. It is the address that SEVIS should have on file for you; you can check this address by logging in to Testudo.

   7.a. Street Number and Name:
   
   
   7.c. City or Town:
   
   7.d. State  7.e. ZIP Code:

3. **Items 8 & 9.** If you have these numbers, include them here. If you do not have them, leave these blank.

4. **Item 13.** 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.

5. **Item 18.** If you only have one, write “N/A” in 18.b. as shown.

   18.a. Country:
   
   18.b. Country:

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Part 2. Information About You (continued)

Place of Birth
List the city/town/village, state/province, and country where you were born.
19.a. City/Town/Village of Birth
   Townsville
19.b. State/Province of Birth
   MD
19.c. Country of Birth
   USA
20. Date of Birth (mm/dd/yyyy) 01/01/1991

Information About Your Last Arrival in the United States
21.a. Form I-94 Arrival-Departure Record Number (if any)
   [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1]
21.b. Passport Number of Your Most Recently Issued Passport
   G111111111
21.c. Travel Document Number (if any)
   N/A
21.d. Country That Issued Your Passport or Travel Document
   United States
21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/01/2020
22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 01/01/2018
23. Place of Your Last Arrival
   ORD
24. Immigration Status at the Time of Your Last Arrival
   B-2 visitor, F-1 student
25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
   F-1 student
26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
   N-150001111111
   Item 26. Find this near the top left of your I-20.

Information About Your Eligibility

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)).
   (c) (3) (C)

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 Items Numbers 28.a - 28.c.
   28.a. Degree N/A
   28.b. Employer's Name as Listed on Initial Approval Notice or Certificate of Eligibility (if available)
   N/A
   28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
   N/A

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.
   [ ]

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 a crime?
   [ ] Yes [ ] No
   Item 30. Leave blank.

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.
   [ ]

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
   Item 31. Leave blank.

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, 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'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 in

[language], a language in which I am fluent, and I understood everything.

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

[language].

2. □ At my request, the preparer named in Part 5.

[preparer name], prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

1111111111

4. Applicant's Mobile Telephone Number

1111111111

5. Applicant's Email Address (if any)

email@gmail.com

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.

Applicant's Signature

7.a. Applicant's Signature

Jane Smith

7.b. Date of Signature (mm/dd/yyyy)

08/01/2018

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.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 Declaration and 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.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)
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 with 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 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)
**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  

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<th>2. A-Number (if any)</th>
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If you have ever been authorized for CPT or a previous OPT, list those dates of CPT/OPT here using the format given.  
3.a.-c. Use the numbers shown here: (3) (2) (27)

If you have multiple CPTs/OPTs to write, skip a line and then list the next CPT/OPT.  
Indicate if CPT was full time or part time.

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<th>4.b. Part Number</th>
<th>4.c. Item Number</th>
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4.d.  
If you have ever had a different SEVIS ID number, please list that number here.  
4.a.-4.c. Use the numbers shown here: (3)(2)(26)