

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

**I-765, Application For
Employment Authorization**

Do not write in this block.

| | | |
|---|--------------|-----------|
| Remarks | Action Block | Fee Stamp |
| A# | | |
| Applicant is filing under §274a.12 _____ | | |
| <input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) | | |

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

| | | | |
|--|--|---|---------------------------------------|
| 1. Name (Family Name in CAPS) (First) | (Middle) | Which USCIS Office? | Date(s) |
| SMITH | Jane | Joan | |
| 2. Other Names Used (include Maiden Name) | | Results (Granted or Denied - attach all documentation) | |
| Doally | | | |
| 3. Address in the United States (Street Number and Name) (Apt. Number) | | 12. Date of Last Entry into the U.S. (mm/dd/yyyy) | |
| 183 Gore Creek | | 06/14/2012 | |
| (Town or City) | (State/Country) | (ZIP Code) | 13. Place of Last Entry into the U.S. |
| Vail | CO | 81568 | Chicago, Illinois |
| 4. Country of Citizenship/Nationality | | 14. Manner of Last Entry (Visitor, Student, etc.) | |
| Australia/Australian | | K-1 Visa | |
| 5. Place of Birth (Town or City) (State/Province) (Country) | | 15. Current Immigration Status (Visitor, Student, etc.) | |
| Sydney NSW Australia | | K-1 | |
| 6. Date of Birth (mm/dd/yyyy) | 7. Gender | 16. 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.). | |
| 03/13/1975 | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | (C) (9) () | |
| 8. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | |
| 9. Social Security Number (include all numbers you have ever used) (if any) | | 17. 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: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____ | |
| 10. Alien Registration Number (A-Number) or I-94 Number (if any) | | | |
| A 12-345-678 | | | |
| 11. Have you ever before applied for employment authorization from USCIS? | | | |
| <input type="checkbox"/> Yes (If "Yes," complete below) <input checked="" type="checkbox"/> No | | | |

Certification

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, 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**.

Signature _____ Telephone Number (123) 456-7890 Date 08/08/2012

Signature of Person Preparing Form, If Other Than Above: 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.

Print Name _____ Address _____ Signature _____ Date _____

| Remarks | Initial Receipt | Resubmitted | Relocated | | Completed | | |
|---------|-----------------|-------------|-----------|------|-----------|--------|----------|
| | | | Received | Sent | Approved | Denied | Returned |
| | | | | | | | |

