

# 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). _____ (Date). Subject to the following conditions: _____ 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)
2. Other Names Used (include Maiden Name)		Results (Granted or Denied - attach all documentation)	
3. Address in the United States (Street Number and Name)	(Apt. Number)	12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
c/o E Barnum ISSS UNC CH	CB#5240	13. Place of Last Entry into the U.S.	
(Town or City)	(State/Country)	14. Manner of Last Entry (Visitor, Student, etc.)	
Chapel Hill	NC 27599	15. Current Immigration Status (Visitor, Student, etc.)	
4. Country of Citizenship/Nationality		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.).	
5. Place of Birth (Town or City) (State/Province) (Country)		( C ) ( 3 ) ( A )	
6. Date of Birth (mm/dd/yyyy)	7. Gender	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.	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Degree: _____	
8. Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	Employer's Name as listed in E-Verify: _____	
	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____	
9. Social Security Number (include all numbers you have ever used) (if any)		11. Have you ever before applied for employment authorization from USCIS?	
10. Alien Registration Number (A-Number) or I-94 Number (if any)		<input type="checkbox"/> Yes (If "Yes," complete below) <input 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 \_\_\_\_\_ Date \_\_\_\_\_

**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

