

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 _____		

☐ Application Approved. Employment Authorized / Extended (*Circle One*) _____ until _____ (Date).
 _____ (Date).
 Subject to the following conditions: _____
☐ Application Denied.
☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).
☐ Failed to establish economic necessity as required in 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)
DOE John

2. Other Names Used (Include Maiden Name)
None

3. Address in the United States (Number and Street) (Apt. Number)
222 S.W. 27th Drive
 (Town or City) (State/Country) (ZIP Code)
Weston FL USA 33484

4. Country of Citizenship/Nationality
England English

5. Place of Birth (Town or City) (State/Province) (Country)
London England

6. Date of Birth (mm/dd/yyyy) 7. Gender
05/20/1986 ☒ Male ☐ Female

8. Marital Status ☐ Married ☒ Single ☐ Widowed ☐ Divorced

9. Social Security Number (Include all numbers you have ever used) (if any)
None

10. Alien Registration Number (A-Number) or I-94 Number (if any)
None 123456789 00

11. Have you ever before applied for employment authorization from USCIS?
☐ Yes (If yes, complete below) ☒ No
 Which USCIS Office? _____ Date(s) _____
N/A
 Results (Granted or Denied - attach all documentation)
N/A

12. Date of Last Entry into the U.S. (mm/dd/yyyy)
07/20/2002

13. Place of Last Entry into the U.S.
Miami, Florida

14. Manner of Last Entry (Visitor, Student, etc.)
B2

15. Current Immigration Status (Visitor, Student, etc.)
B2

16. Go to **Part 2** of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).
 Eligibility under 8 CFR 274a.12
(c) (0) (9)

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 the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature _____ Telephone Number _____ Date _____
(954) 777-8855 10/05/2004

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 _____
Ryan Attorney, Esq. 222 S.W. 27th Drive Weston, FL 33751

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned