

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).
 Subject to the following conditions: _____ (Date).
 Application Denied.
☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).
☐ 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 a copy of your previous employment authorization document*).

1. Name (Family Name in CAPS) (First) (Middle)	Which USCIS Office?	Date(s)
KARDASHEY-MILBY, KIM CHI		
2. Other Names Used (include Maiden Name)	Results (Granted or Denied - attach all documentation)	
KARDASHEY, KIM CHI		
3. U.S. Mailing Address (Street Number and Name) (Apt. Number)	12. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy)	
1234 HANDSOME STREET	07/17/2014	
(Town or City) (State/Country) (ZIP Code)	13. Place of Last Entry into the U.S.	
BEVERLY HILLS CA 90210	LAX LOS ANGELES	
4. Country of Citizenship/Nationality	14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)	
PHILIPPINES	K1	
5. Place of Birth (Town or City) (State/Province) (Country)	15. Current Immigration Status (Visitor, Student, etc.)	
QUEZON CITY PHILIPPINES	K1, APPLYING FOR AOS AND EAD/AP COMBO CARD	
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.).	
01/01/1985 <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	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.	
9. Social Security Number (Include all numbers you have ever used, if any)	Degree: _____	
10. Alien Registration Number (A-Number) or I-94 Number (if any)	Employer's Name as listed in E-Verify: _____	
A206123456	Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____	
11. Have you ever before applied for employment authorization from USCIS?		
<input type="checkbox"/> Yes (Complete the following questions.) <input checked="" type="checkbox"/> No (Proceed to Question 12.)		

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 _____
 (619) 123-4567 01/07/2015

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