

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:
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) 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 (Number and Street) (Apt. Number) 8700 NW RIVER PARK DRIVE PMB#3
(Town or City) (State/Country) (ZIP Code) PARKVILLE MO 64152
4. Country of Citizenship/Nationality
5. Place of Birth (Town or City) (State/Province) (Country)
6. Date of Birth (mm/dd/yyyy) 7. Gender Male Female
8. Marital Status Married Single Widowed Divorced
9. Social Security Number (include all numbers you have ever used) (if any)
10. Alien Registration Number (A-Number) or I-94 Number (if any)
11. Have you ever before applied for employment authorization from USCIS? Yes (If "Yes," complete below) No
12. Date of Last Entry into the U.S. (mm/dd/yyyy)
13. Place of Last Entry into the U.S.
14. Manner of Last Entry (Visitor, Student, etc.)
15. Current Immigration Status (Visitor, Student, etc.)
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 () () ()
17. If you entered the Eligibility Category, (c)(3)(C), in item 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

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 Instructions in Part 2 and have identified the appropriate eligibility category in Block 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

Table with columns: Remarks, Initial Receipt, Resubmitted, Relocated (Rec'd, Sent, Approved), Completed (Denied, Returned)

