Form I-765 Sample
Application For Employment Authorization
Department of Homeland Security
U.S. Citizenship and Immigration Services

For USCIS Use Only

Fee Stamp
Action Block
Initial Receipt Resubmitted

Completed

Application Approved

Application Desired - Failed to establish:

Eligibility under 8 CFR 274a.12 (A) or (C)
Economic necessity under 8 CFR 274a.12(c)(14), (18)
and 8 CFR 214.12(f)

Subject to the following conditions:

☑ Applicant is filing under section 274a.12

START HERE - Type or print in black ink.

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. Full Name
Family Name First Name Middle Name

2. Other Names Used (include Maiden Name)
Family Name First Name Middle Name

3. U.S. Mailing Address
Street Number and Name Apt. Number
Town or City State ZIP Code

4. Country of Citizenship or Nationality

5. Place of Birth

6. Date of Birth (mm/dd/yyyy)

7. Gender ☐ Male ☑ Female

8. Marital Status

☐ Single ☑ Married ☐ Divorced ☐ Widowed

9.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

☑ Yes ☑ No

NOTE: If you answered “Yes” to Item Number 9.a., provide the information requested in Item Number 9.b.

9.b. Provide your Social Security number (SSN) (if known):

10. Do you want the SSA to issue you a Social Security card?

(You must also answer “Yes” to Item Number 11., Consent for Disclosure, to receive a card.)

☑ Yes ☐ No

NOTE: If you answered “No” to Item Number 10., skip to Item Number 14. If you answered “Yes” to Item Number 10., you must also answer “Yes” to Item Number 11.

11. Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

☑ Yes ☐ No

NOTE: If you answered “Yes” to Item Numbers 10. - 11., provide the information requested in Item Numbers 12.a. - 13.b.

Father’s Name

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

If you answered “Yes” to #9.a, enter the number in #9.b, and answer “No” to #10.

If you answered “No” to #10, do not fill out #11-13

ONLY ONE of these boxes can be checked. Choose the first box if you have never applied for employment authorization from USCIS.

This is the address where your EAD will be mailed. Be sure it is complete, clear and accurate. If you will not be living at this address for at least three months after you submit your application, use the Slater International Center address (see instructions for details).
This is the number found on your most recent Form I-94.

Answer YES only if you have applied directly to the United States Citizenship and Immigration Services (USCIS) for employment authorization in the past. This does not refer to on campus employment or Curricular Practical Training.

This is the last place you entered into the U.S. Located on the entry stamp you received in your passport upon entry into the U.S.

REMEMBER to sign and date the form in blue ink. Keep your signature within the lines. Include your telephone number.

This code (C) (3) (B) refers to a student seeking Post-Completion Optional Practical Training.