



Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 05/31/2020

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- [] [] [] [] [] [] [] [] [] []		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) [] [] [] [] [] [] [] [] [] []
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▶ START HERE - Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Select option 1.a. →

Enter name exactly as it appears in your passport. →

If you have any other legal names (such as a maiden name), or nicknames that appear on academic or other official records, use these boxes to provide them. Any unused boxes should be filled in with N/A.

Note: Some PDF-fillers will not allow you to enter the "/". We do not recommend to fill in "NA" or "none." If you cannot type "N/A," we recommend to write it in wherever necessary after you print the form.

Enter the mailing address to which you would like USCIS to send your EAD card. We do not recommend to use an on-campus housing address. You may use the address of a friend or family member if you do not have a stable long-term address. In that case, be sure to include their name under "In Care Of Name." If you are using your own address, leave box 5.a. blank.

Check "Yes" if you used your own address. Check "No" if you used someone else's address.

If you did not use your own address as the mailing address above, be sure to fill in this section with your current U.S. address. If you used your own address above, leave this section blank.

Fill in "N/A" for #8 and #9.

Check the gender that matches your passport.

Check off the box that matches your marital status.

Check "Yes" if you used OPT before, otherwise, check "No."

If you have already have an SSN, check "Yes" here and provide the number in box 13.b. If you do not yet have an SSN, check "No" and complete sections 14 - 17.b.

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
(name, if not using own address)

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code
(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State

7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)

9. USCIS Online Account Number (if any)

10. Gender Male Female

11. Marital Status
 Single Married Divorced Widowed

12. Have you previously filed Form I-765?
 Yes No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

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

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)
 Yes No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. 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 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name
Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name
Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country

18.b. Country

Fill in SSN if you have one. Leave blank if you do not.

Check "No" if you have an SSN. Check "Yes" if you do not yet have an SSN.

Check "Yes" if you do not have an SSN. Leave blank if you already have an SSN.

Fill in sections 16.a. - 17.b. if you do not yet have an SSN. Leave these boxes blank if you do have one.

Enter your countries of citizenship. If you have only one country of citizenship, enter it in box 18.a., and fill in "N/A" in 18.b.

Enter in the details of your city, state/province (if applicable), and country of birth in boxes 19.a. – 19.c.

Enter your date of birth in month/day/year format.

Download your most recent entry at i94.cbp.dhs.gov. Enter the I-94 number in box 21.a.

Enter your passport number in box 21.b. If you have a Travel Document other than a passport, enter it in 21.c. Otherwise, fill in "N/A".

Enter the country and number of your most recently issued passport in boxes 21.d. and 21.e.

Enter the date of your most recent entry as shown on your I-94.

Enter the city or airport where you entered the US.

Boxes 24 and 25 should both usually be filled in with "F-1 student." If you changed status to F-1 from within the US, enter the original visa type in box 24, and "F-1 Student" in box 25.

Enter your SEVIS ID number as shown on your I-20.

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth
Seoul

19.b. State/Province of Birth
Gyeonggi-do

19.c. Country of Birth
South Korea

20. Date of Birth (mm/dd/yyyy) 01/01/2001

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ 1 2 3 4 5 6 7 A 8 9 0

21.b. Passport Number of Your Most Recently Issued Passport
1234561234

21.c. Travel Document Number (if any)
n/a

21.d. Country That Issued Your Passport or Travel Document
South Korea

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/01/2025

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 01/01/2020

23. Place of Your Last Arrival Into the United States
Boston MA

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
F-1 student

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
F-1 student

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N- 0012345678

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (3) (iii)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27**, provide the information requested in **Item Numbers 28.a - 28.c**.

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27**, have you **EVER** been arrested for and/or convicted of any crime?
 Yes No

NOTE: If you answered "Yes" to **Item Number 30**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27**, have you **EVER** been arrested for and/or convicted of any crime?
 Yes No

NOTE: If you answered "Yes" to **Item Number 31.b**, refer to **Employment-Based Nonimmigrant Categories, Items 8 - 9**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Enter (c) (3) (iii)

Leave boxes 28.a. – 31.b. blank

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in _____, a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 5.**, _____ prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number _____
4. Applicant's Mobile Telephone Number (if any) _____
5. Applicant's Email Address (if any) _____
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

- 7.a. Applicant's Signature _____
- 7.b. Date of Signature (mm/dd/yyyy) **03/01/2020**

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name) _____
- 1.b. Interpreter's Given Name (First Name) _____
2. Interpreter's Business or Organization Name (if any) _____

Check box 1.a., and leave sections 1.b. – 2 blank.

Fill out your contact details in boxes 3-5.

Leave box 6 blank.

DO NOT FORGET TO SIGN!
Unsigned applications will be rejected by USCIS. Sign this page in ink after printing your I-765. Be sure to include the current date in box 7.b.

Leaves boxes 1.a. – 2 blank.

Leave boxes 3.a. – 7.b. blank.



Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:
 I am fluent in English and ,
 which is the same language specified in **Part 3, Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)



Leave boxes 1.a. – 6 blank, unless an attorney or other preparer completed the I-765 on your behalf. If so, they should complete the appropriate sections.

This page may be completely blank, however, you should still include this page with your application.

Leave boxes 7.a. – 8.b. blank, unless an attorney or other preparer completed the I-765 on your behalf. If so, they should complete the appropriate sections.

This page may also be completely blank, however, you should still include this page with your application.



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant
(continued)

Preparer's Statement

7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

This page should be filled out if:

- 1) Any information did not fit while filling out your form (i.e. your full name)
- 2) You have ever used CPT (even under a different SEVIS ID)
- 3) You have ever used OPT (even under a different SEVIS ID)
- 4) You have ever used a different SEVIS ID in F-1 status in the U.S. (i.e. you had a different I-20 number)

If any of the above apply to you, please follow the template on this page to provide all applicable details.

For each additional category of information that you need to provide (i.e. previous CPT, previous OPT, previous SEVIS IDs), fill out a separate section with:

Page Number: 3
 Part Number: 2
 Item Number: 27

Details:
 Category (i.e. Previous CPT Authorizations), Employer Name/Names (*CPT only*), dates, degree levels, and F/T (full-time) or P/T (part-time).

Otherwise, if none of the above apply to you, please leave this page completely blank.

If none of the above apply to you, this page may also be completely blank, however, you should still include this page with your application.



Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet, indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. Previous CPT Authorizations:

- 1) Google Inc., 06/15/2016 - 08/20/2016, F/T, Bachelor's
- 2) Amazon Web Services, 09/15/2017 - 12/01/2017, F/T, Bachelor's
- 3) Microsoft, 06/01/2019 - 08/30/2019, F/T, Master's

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. Previous OPT Authorization:

- 1) Post-Completion OPT, 06/01/2018 - 05/31/2019, F/T, Bachelor's

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. Previous SEVIS ID:

- 1) N0011133356, 09/05/2011 - 06/20/2015, secondary school

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.