OMB No. 1615-0040; Expires 02/28/2013

**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 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 previous employment authorization document)*.

**1**. Name (Family Name in CAPS) (First) (Middle)
SMITH Jane Joan

**2**. Other Names Used (include Maiden Name)
Doally

**3**. Address in the United States (Street Number and Name) (Apt. Number)
183 Gore Creek

(Town or City) (State/Country) (ZIP Code)
Vail CO 81568

**4**. Country of Citizenship/Nationality
Australia/Australian

**5**. Place of Birth (Town or City) (State/Province) (Country)
Sydney NSW Australia

**6**. Date of Birth (mm/dd/yyyy)
03/13/1975

**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)
A 12-345-678

**11**. Have you ever before applied for employment authorization from USCIS?
☐ Yes (If "Yes," complete below) ☒ No

Which USCIS Office? Date(s)

Results (Granted or Denied - attach all documentation)

**12**. Date of Last Entry into the U.S. (mm/dd/yyyy)
06/14/2012

**13**. Place of Last Entry into the U.S.
Chicago, Illinois

**14**. Manner of Last Entry (Visitor, Student, etc.)
K-1 Visa

**15**. Current Immigration Status (Visitor, Student, etc.)
K-1

**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.).
(C ) (9 ) ( )

**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-Verfy, 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 "**Who May File Form I-765?**" section of the instructions and have identified the appropriate eligibility category in **Question 16**.

*Signature* Telephone Number (123) 456-7890 Date 08/08/2012

**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 |
| | | | | | | | |