



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 09/30/2027

For
USCIS
Use
Only

IMPORTANTE:
Rellenar las secciones resaltadas y presta atención a las instrucciones en los cuadros rojos.
Debe rellenar y enviar una copa BLANCO de este formulario. USCIS rechazará los formularios que tienen estos cuadros rojos.
Vaya a la última página para ver qué documentos debe incluir en su solicitud.

Fee Stamp

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IMPORTANTE:
Asegúrese que está utilizando la última edición de este formulario (puede encontrarlo aquí: uscis.gov/i-765) o será rechazado.

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).

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 expired employment authorization document
- 1.c. Renewal of my permission to accept employment.

1.a. Si es la primera vez aplicando, marque esta opción.
1.b. Si necesita un EAD de sustitución (en caso de pérdida, robo, deterioro), marque esta opción.
1.c. Si va a renovar, marque esta opción y incluir una copia de su permiso de trabajo actual/vencido

NOTE: Replacement of lost, stolen, or expired employment authorization document requires a new Form I-765. **Replacement for Certain Filing Fee** section of this form for further details.

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

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

Incluya cualquier variación de su nombre que ha usado.
Por ejemplo: John Jacob Smith-Ruiz, John Smith Ruiz, John Smith-Ruiz

Poner su nombre completo en el orden siguiente:
Apellido (s), Primer Nombre, Segundo



Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code

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

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

Si su dirección postal es diferente de su dirección física, marque "Yes" en la pregunta 6 y rellene 7.a.- 7.d.

Si su dirección postal es la misma que su dirección física, marque no en la pregunta 6 y pase a la pregunta 8.

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 answer "No" to Item Number 13.a., provide your physical address

13.a. Marque "Yes" si tienes un número de seguridad social. Si no, marque "No"

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)

13.b. Si tienes un número de seguridad social, escríbelo aquí.

Si no tiene número de seguridad social, y si desea recibir uno, marque "Yes" en las preguntas 14-15 y responda a las preguntas 16.a.-17.b.

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

Escriba el país o países los que es ciudadano. Normalmente, es el país en que nació o el país que le dio su pasaporte.



Part 2. Information About You (continued)

Place of Birth

Escribe la ciudad, el estado/ departamento y el país donde naciste.

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

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

19.b. **State/Province of Birth**

19.c. **Country of Birth**

20. **Date of Birth (mm/dd/yyyy)**

Escribe tu fecha de nacimiento en este orden: mes, día, año

Information About Your Last Arrival into the United States

21.a. **Form I-94 Arrival-Departure Record Number**

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

21.c. **Travel Document Number (if any)**

21.d. **Country That Issued Your Passport or Travel Document**

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

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

23. **Place of Your Last Arrival Into the United States**

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

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

26. **Student and Exchange Visitor Information System (SEVIS) Number (if any)**

▶ N-

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)).

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(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.**

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

(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

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category. If you entered the eligibility **Item Number 27.**, have you **EVER** been arrested and/or convicted of any crime?

Yes No

If you answered "Yes" to **Item Number 30.**, refer to **Employment-Based Nonimmigrant Categories (c)(8)** in the **Required Information** section of the Form I-765 Instructions for information about providing court dispositions.

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.

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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.

Su categoría de elegibilidad depende de cómo entraste en los Estados Unidos y esto determinará qué documentos necesitas incluir.

Para encontrar su categoría vaya aquí:
<https://www.uscis.gov/es/trabajar-en-estados-unidos/informacion-para-empleadores-y-empleados/empleadores-informacion-del-empleador/autorizacion-de-empleo>

Puede encontrar este número en su formulario I-94 (el documento) o pasaporte que recibió cuando entraste a los Estados Unidos

También puede utilizar su formulario I-94 para su Fecha de admisión, Fecha de su última llegada, y su Estado de inmigración de la última llegada.



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.

Incluya sus información de contacto.
Incluya lo siguiente:
3. Número de teléfono durante el día
4. Número de teléfono móvil, si lo tiene
5. Dirección de correo electrónico, si tiene

Si ha usado un intérprete, éste tiene que rellenar la parte 4. En caso que no, déjela en blanco.

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, and in my USCIS records where necessary for the U.S. immigration law. I agree to appear for an interview, fingerprints, photograph, and if I am required to provide an oath reaffirming that: I am true to all of the information provided with, my application; and that the information is complete, true, and correct at the time of filing.

1.a. Si ha leído en inglés y no ha utilizado un intérprete, marque esta opción
1.b. Si ha utilizado un intérprete, marque esta opción. También su intérprete tiene que rellenar y firmar la Parte 4. "Interpreter's Contact Information, Certification, and Signature"

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

¡FIRMA AQUÍ!

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

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.

incluya la fecha de la firma

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)



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)



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)



