# Application For Employment Authorization

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

**Form I-765**

**OMB No. 1615-0040**

**Expires 05/31/2020**

---

## For USCIS Use Only

<table>
<thead>
<tr>
<th>Authorization/Extension Valid From</th>
<th>Fee Stamp</th>
<th>Action Block</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization/Extension Valid Through</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alien Registration Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A-</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remarks</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>Select this box if Form G-28 is attached.</th>
<th>Attorney or Accredited Representative USCIS Online Account Number (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

▶ **START HERE** - Type or print in black ink.

## Part 1. Reason for Applying

I am applying for (select only one box):

1. a. [x] Initial permission to accept employment.

   **NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 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. 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.

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

<table>
<thead>
<tr>
<th>1.a. Family Name (Last Name)</th>
<th>Little</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.b. Given Name (First Name)</td>
<td>John</td>
</tr>
<tr>
<td>1.c. Middle Name</td>
<td></td>
</tr>
</tbody>
</table>

---

## 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

<table>
<thead>
<tr>
<th>2.a. Family Name (Last Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.b. Given Name (First Name)</td>
</tr>
<tr>
<td>2.c. Middle Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.a. Family Name (Last Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.b. Given Name (First Name)</td>
</tr>
<tr>
<td>3.c. Middle Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.a. Family Name (Last Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.b. Given Name (First Name)</td>
</tr>
<tr>
<td>4.c. Middle Name</td>
</tr>
</tbody>
</table>
Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name  
PO Box 10263


5.d. City or Town  
Beaumont

5.e. State □ TX  
5.f. ZIP Code 77710

(U.S. 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  
123 Fast Lane


7.c. City or Town  
Philadelphia

7.d. State □ PA  
7.e. ZIP Code 19107

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.

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 15.a. If you answered “Yes” to Item Number 15.a., 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  
Cameroon

18.b. Country
**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
Douala

19.b. State/Province of Birth

19.c. Country of Birth
Cameroon

20. Date of Birth (mm/dd/yyyy) 01/22/2010

---

**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)).

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

28.a. Degree
Masters in Chemistry

---

STEM Only! Make sure you enter the E-verify # and NOT the EIN #
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. X 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
   2158883888

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 altered, 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 (fingerprint, 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) 04/30/2019

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)
### Part 4. Interpreter’s Contact Information, Certification, and Signature

**Interpreter’s Mailing Address**

3.a. Street Number and Name


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.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 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)
### 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. **Family Name** (Last Name)
   - Little

2. **Given Name** (First Name)
   - John

3. **Middle Name**

4. **A-Number (if any)**
   - A-

5. **Page Number** | **Part Number** | **Item Number**
   - 5.a.
   - 5.b.
   - 5.c.

   - 5.d.

6. **Page Number** | **Part Number** | **Item Number**
   - 6.a.
   - 6.b.
   - 6.c.

   - 6.d.

7. **Page Number** | **Part Number** | **Item Number**
   - 7.a.
   - 7.b.
   - 7.c.

   - 7.d.