

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 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (Circle One) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> 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 a copy of your previous employment authorization document).

1. Name (Family Name in CAPS) (First)	(Middle)	Which USCIS Office?	Date(s)
GARCIA RUIZ	Maria	Estefany	
2. Other Names Used (include Maiden Name)		Results (Granted or Denied - attach all documentation)	
Juana Ruiz			
3. U.S. Mailing Address (Street Number and Name)		12. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy)	
123 Oak Avenue		[REDACTED]	
(Town or City)	(State/Country)	(Apt. Number)	(ZIP Code)
Redwood City	CA	A	94061
4. Country of Citizenship/Nationality		13. Place of Last Entry into the U.S.	
[REDACTED]		[REDACTED]	
5. Place of Birth (Town or City) (State/Province) (Country)		14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.)	
[REDACTED]		No Lawful Status	
6. Date of Birth (mm/dd/yyyy)		15. Current Immigration Status (Visitor, Student, etc.)	
[REDACTED]		SIJS & Adjustment of Status Applicant	
7. Gender		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.).	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		(c) (9) ()	
8. Marital Status		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-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below	
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single		Degree: _____	
<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Employer's Name as listed in E-Verify: _____	
9. Social Security Number (Include all numbers you have ever used, if any)		Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____	
None			
10. Alien Registration Number (A-Number) or I-94 Number (if any)			
123456789			
11. Have you ever before applied for employment authorization from USCIS?			
<input type="checkbox"/> Yes (Complete the following questions.) <input checked="" type="checkbox"/> No (Proceed to Question 12.)			

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 _____ Date _____
 (650) 999-9999

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 _____
 Helen Beasley East Palo Alto, CA

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Received	Sent	Approved	Denied	Returned