For USCIS Use Only	Authorization/Extension Valid From _____	Fee Stamp	Action Block
	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)	Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any)

► START HERE - Type or print in bla

Check this box (unless you are applying for a replacement EAD card).

Do not forget to check this box! USCIS will not review your application if you do not.

Part 1. Reason for Applying

I am applying for (select only one box):

1.a. [X] Initial permission to accept emplo

1.b. [ ] Replacement of lost, stolen, or da authorization document, or correc employment authorization docume 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

Enter name exactly as it appears in your passport.

1.a. Family Name (Last Name) Sinatra

1.b. Given Name (First Name) Francis

1.c. Middle Name Albert

mes Used

ther names you have ever used, including aliases, e, and nicknames. If you need extra space to s section, use the space provided in **Part 6. Information**.

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

e)

e)

me

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

5.b. Street Number and Name: 20 Sawyer Ave

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town: Medford

5.e. State: MA 5.f. ZIP Code: 02155
(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: 1148 E Alejo Rd

7.b. ☒ Apt. ☐ Ste. ☐ Flr. 1

7.c. City or Town: Palm Springs

7.d. State: CA 7.e. ZIP Code: 92262

Other Information

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

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**

Please only use the I-Center address if you do not have any alternate stable address available in the U.S.

If using a personal address or address of a family member/friend, please be sure to enter the address completely and correctly.

Enter your current U.S. residential address here, if different than the mailing address used above.

Check "yes" if you have applied for OPT previously – otherwise, check "no."

If you already have an SSN, check "yes" here, fill out SSN on the next line, and skip questions 15 – 17b.

Otherwise, check "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): Sinatra

16.b. Given Name (First Name): Antonio

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name): Garaventa

17.b. Given Name (First Name): Natalina

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: Italy

18.b. Country:

If you already have an SSN, be sure to enter it here.

If you already have an SSN, leave questions 15 – 17.b. blank.

If you do not have an SSN, you may check "yes" here and fill out questions 15 – 17.b. if you would like to apply for an SSN at the same time you are applying for OPT.

If you do not wish to apply for an SSN while filing for OPT, you may check "no" and leave questions 15 – 17.b. blank.

Do not forget to fill in your citizenship country!

If you are a dual citizen, please be sure to fill in both countries.

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

Rome

19.b. State/Province of Birth

Lazio

19.c. Country of Birth

Italy

20. Date of Birth (mm/dd/yyyy) 11/21/1995

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

► 9 1 7 0 9 4 5 5 3 3 0

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

123456789

21.c. Travel Document Number (if any)

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

Italy

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 11/21/2025

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 08/25/2018

23. Place of Your Last Arrival Into the United States

Boston

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- 001234567

Fill out your place and date of birth.

Download your most recent I-94 at: https://i94.cbp.dhs.gov, and fill in the admission number exactly as it appears.

Fill in the Passport Number, Country of Issuance, and Expiration Date of your most recently issued passport.

Enter the date and city of your last entrance to the U.S. (can be verified on the most recent entry stamp in your passport).

Unless you have changed status from within the U.S., you should fill in "F-1 Student" for both questions 24 and 25.

If you have changed status, please check with your International Student Advisor before filling this in.

This is the SEVIS ID on the top left of your I-20 (N00…)

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) (B)

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.

For 12-Month Post-Completion OPT: Fill in (c) (3) (B), and leave the rest of the page blank.

For 24-Month STEM Extension: Fill in (c)(3)(C), and fill in lines 28.a. through 28.c. Leave the rest of the page blank.

For STEM Extension ONLY: Fill in the level/name of your degree, your employer's name exactly as it appears in E-Verify, and your employer's E-Verify number.

The E-Verify number is NOT the same as the EIN, and should only be 4-7 digits long. It is extremely important to verify with your employer that you include the correct E-Verify number, as failure to provide a valid E-Verify number could result in denial of your STEM Extension application.

Applicants for 12-Month Post-Completion OPT should leave lines 28.a. through 28.c. 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 t…mber 1.a. or 1.b. If applicable, s…er **2.**

Check this box.

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
6171234567

4. Applicant's Mobile Telephone Number (if any)
6171234567

5. Applicant's Email Address (if any)
olblueeyes@franksinatra.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Do not forget to fill in your contact information!

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

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 biometr… that:

1) …and

2) …rrect

I certify …ion in my appl… provide… …tand all of th… …y applicat… …ue, and correct.

Do not forget to sign and date!

The form must be physically signed in pen – do not use an electronic signature. Please make sure the signature does not cross the lines.

The rest of the form should be left blank.

Applicant's Signature

7.a. Applicant's Signature

7.b. Date of Signature (mm/dd/yyyy) 09/24/2018

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)

These sections should be left blank.

If, however, you did use the assistance of an interpreter or professional preparer to help you complete the I-765, please check with I-Center before completing these sections.

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 ay 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 you need to provide any of the above information, please follow the instructions on this page. Please fill out a separate section below for each category (i.e. one section for CPT, and a separate section for OPT, as applicable). Otherwise, if none of the above apply to you, please leave this page completely blank.

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 | 3.b. Part Number: 2 | 3.c. Item Number: 27

3.d.
Previous CPT Authorizations:
1) Amazon Web Services, 06/15/2014 - 08/01/2014, F/T, Bachelor's
2) Google Inc., 09/20/2015 - 12/15/2015, P/T, Bachelor's
3) Apple Inc., 01/31/2017 - 05/01/2017, P/T, Master's

4.a. Page Number: 3 | 4.b. Part Number: 2 | 4.c. Item Number: 27

4.d.
Previous OPT Authorizations:
1) Post-Completion OPT, 06/01/2017 - 05/30/2018, F/T, Bachelor's

5.a. Page Number: 3 | 5.b. Part Number: 2 | 5.c. Item Number: 27

5.d.
Previous SEVIS IDs:
1) N0001234567, 09/01/2013 - 05/30/2018, Bachelor's

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.

If you need to provide any information on this page, be sure to first fill out sections 1.a. through 1.c.

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, and degree levels.