



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through		
	Alien Registration Number A- <input type="checkbox"/>	Remarks	

If you fill out this form electronically, please know there may be some places where you need write out your responses

Note: Use "N/A" for any space you want to leave blank. "None" for any numerical value you wish to leave blank

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input type="checkbox"/> 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.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married, type or print "None" for the name of your current spouse), type or print "N/A" if the numeric response is zero or none (for example, "How many children do you have?" or "How long have you lived in the United States?"), type or print "0" or "00".

Select
1.a. Initial permission to accept employment

Nicknames should be included here if applicable

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 damaged employment authorization document or correction of my document NOT DUE to USCIS.

Select 1.b. if you have previously applied for an EAD card

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

- 1.a. Family Name (Last Name) Tolentino
- 1.b. Given Name (First Name) Jia
- 1.c. Middle Name N/A

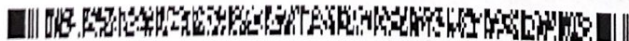
Other Names Used

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) N/A
- 2.b. Given Name (First Name) N/A
- 2.c. Middle Name N/A
- 3.a. Family Name (Last Name) N/A
- 3.b. Given Name (First Name) N/A
- 3.c. Middle Name N/A
- 4.a. Family Name (Last Name) N/A
- 4.b. Given Name (First Name) N/A
- 4.c. Middle Name N/A

Write your official passport name here



Use your Bennington address here. If you choose to enter your friend's or family member's address, you must also include an "in care of" name for item 5.a

Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
N/A
- 5.b. Street Number and Name
1 College Drive
- 5.c. Apt. Ste. Flr. N/A
- 5.d. City or Town
Bennington
- 5.e. State VT 5.f. ZIP Code 05201
- 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
N/A
- 7.b. Apt. Ste. Flr. N/A
- 7.c. City or Town
N/A
- 7.d. State N/A 7.e. ZIP Code N/A

Other Information

- 8. Alien Registration Number (A-Number) (if any)
Text A- NONE
- 9. USCIS Online Account Number (if any)
▶ NONE
- 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.

- 13.b. Provide your Social Security number (SSN) (if known).
▶ 963257902

- 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) N/A
- 16.b. Given Name (First Name) N/A

Mother's Name

Provide your mother's birth name.

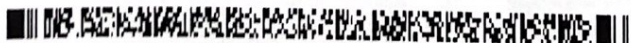
- 17.a. Family Name (Last Name) N/A
- 17.b. Given Name (First Name) N/A

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
N/A

If you are a dual citizen, enter the country that appears on your I-20



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

Florence

19.b. State/Province of Birth

Tuscany

19.c. Country of Birth

Italy

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

07/29/92

Information About Your Last Arrival in the United States

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

86273572610

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

37E562B

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Most Recent Passport

Italy

Write the date that your most recent passport expires. Be sure to enter it in the MONTH/DAY/YEAR format

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

05/22/2028

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

02/12/2021

23. Place of Your Last Arrival Into the United States

New York, New York

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-6812503891

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

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

You can locate your I-94 record number at: <https://i94.cbp.dhs.gov/I94/#/home>

Identification Number or Confirmation Number

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.

NONE

(8) Eligibility Category If you entered the eligibility category (c)(8) in Item Number 27., provide the information requested in Item Numbers 30.a. - 30.g.

30.a. Have you EVER been arrested for, and/or charged with, and/or convicted of any crime in any country?

Yes No

NOTE: If you answered "Yes" to Item Number 30.a., refer to Special Filing Instructions for Those With

Enter the city of your arrival, not the name of the airport. This can be found on your passport's most recent entry stamp

of the Form I-765 filing court

through a U.S. admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you MUST provide evidence of your lawful entry.)

Yes No

30.c. If you answered "No" to Item Number 30.b., did you and Security or of entry or to seek asylum of persecution or torture in your home country?

Yes No



Part 2. Information About You (continued)

If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS
NONE

30.e. Location where you presented yourself to DHS
N/A

30.f. Country of claimed persecution
N/A

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

N/A

You do not have to enter any information here if you did not enter the U.S. unlawfully

NOTE: Refer to the Special Filing Instructions for Those With Pending Asylum Applications (c)(8) section of the Form I-765 Instructions for more information.

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.

NONE

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.

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

N/A
a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 5.,

N/A
prepared this application for me based only upon information I provided or authorized.

Your daytime and mobile telephone may be the same

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
802-639-7921

4. Applicant's Mobile Telephone Number (if any)
802-639-7921

5. Applicant's Email Address (if any)
jiatol@bennington.edu

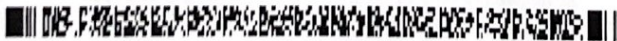
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

You can leave this box blank

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.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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 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, and that I am the applicant named in the application and correct.

Sign in black ink. Signature should not cross any of the lines or touch any text. This signature will appear on your EAD card

Applicant's Signature

7.a. Applicant's Signature

➔ 

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

02/10/2021

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)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

N/A

3.b. Apt. Ste. Flr.

N/A

3.c. City or Town

N/A

3.d. State

N/A

3.e. ZIP Code

N/A

3.f. Province

N/A

g. Postal Code

N/A

h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

N/A

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

N/A

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

N/A



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)

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)

You can enter "N/A" for all spaces on this page unless someone else prepared your I-765 for you



This page is for any additional information that was not included already within your application

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) Tolentino
1.b. Given Name (First Name) Jia
1.c. Middle Name N/A
2. A-Number (if any) A- NONE

3.a. Page Number 3 3.b. Part Number 2 3.c. Item Number 27

3.d. CPT Authorization
Full Time
N6812503891
The New Yorker
06/01/2014 - 06/31/2014
Bachelors

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

4.d. CPT Authorization
Part Time
N6812503891
The Atlantic
01/27/2017 - 02/17/2017
Bachelors

5.a. Page Number N/A 5.b. Part Number N/A 5.c. Item Number N/A

5.d. N/A

If you have had more than one SEVIS ID number (if you took an LOA), that should be included here with the code: Page 3, Part 2, Number 26

6.a. Page Number N/A 6.b. Part Number N/A 6.c. Item Number N/A

6.d. N/A

You must provide details of all prior CPT authorizations in the following format:

CPT Authorization
Full or Part Time
SEVIS ID Number
Name of Employer
Start Date - End Date
Level of Education (Bachelor's)

7.a. Page Number N/A 7.b. Part Number N/A 7.c. Item Number N/A

7.d. N/A

