

## Guardian I-9 Section 1

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## **Accessing Section 1**

Guardian provides a variety of I-9 workflows to meet the needs of your organization, and as such there are multiple ways in which Section 1 can be accessed and completed by the employee. Section 1 functionality is consistent across the different workflows. These workflows include:

- > In-Person
- > Employee Portal / Remote Hire with Agent
- ➤ Employee Kiosk

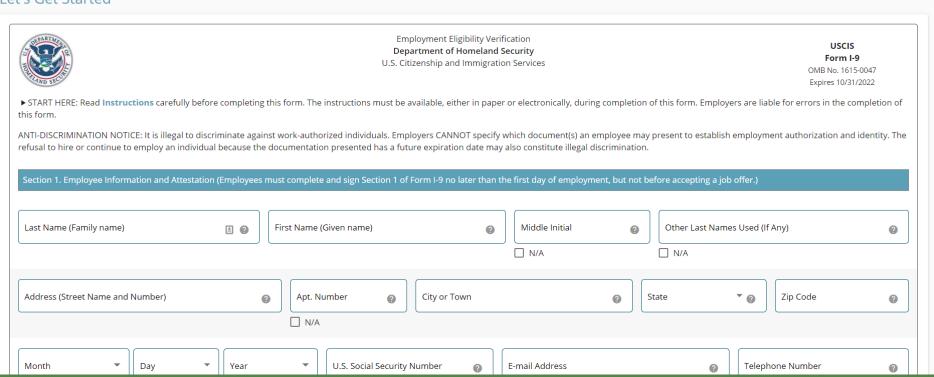
Section 1 should be completed by the employee's first day of employment. Please see the workflow tutorials for additional information.

The employee is then prompted to complete Section 1 of Form I-9.

### Guardian



#### Let's Get Started



https://www.justice.gov/ier. What is the Purpose of This Form?

Immigration and Customs Enforcement (ICE).

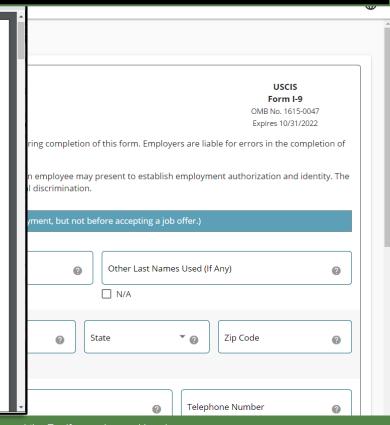
enter information by hand. You may also request paper Forms I-9 from USCIS.

or store the page containing the Lists of Acceptable Documents.

Form I-9 Instructions 10/21/2019



Employee or preparer/translator may click the **instructions** link to view the I-9 instructions.



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Instructions for Form I-9. **Employment Eligibility Verification** 

Department of Homeland Security

U.S. Citizenship and Immigration Services Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or

referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An "employee" is a person who performs labor or

services in the United States for an employer in return for wages or other remuneration. The term "Employee" does not include

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions

and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (2)) within the field. Employers and employees can also access this full set of

instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form 1-9 from the USCIS website at https://www.uscis.gov/i-9. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain

those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form 1-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or

authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

present to establish employment authorization. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an

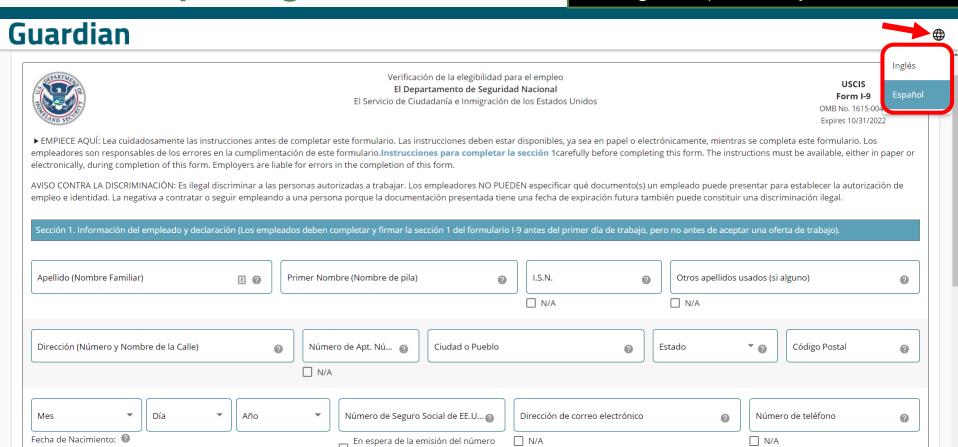
individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, contact the Immigrant and Employee Rights Section (IER) in the Department of Justice's Civil Rights Division at

employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment

Form I-9

OMB No. 1615-0047 Expires 10/31/2022

The **Language** option can be changed to provide **Spanish** subtext.



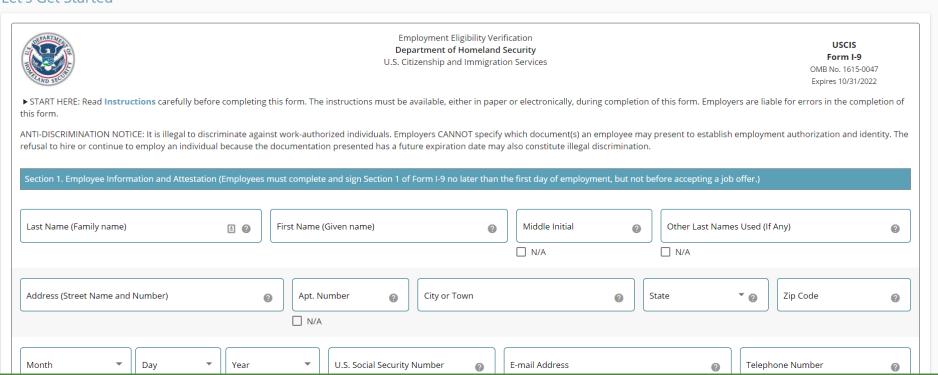
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Employee or Preparer/Translator enters the employee information.

### Guardian



#### Let's Get Started



### Guardian

Let's Get Started

Help text is available and will appear when hovering over the symbol, (or by clicking the symbol when completing Section 1 from a mobile device).

			·
Your last name is yo name or surname, a government issued have two last names	ur legal family Department of s recorded on a U.S. Citizenship and document. If you	igibility Verification <b>Homeland Security</b> d Immigration Services	<b>USCIS Form I-9</b> OMB No. 1615-0047 Expires 10/31/2022
► START HERE: Read Instructions ca this form. last Name field. Inc such as Jr. in this fie	ude any suffix	her in paper or electronically, during c	completion of this form. Employers are liable for errors in the completion of
ANTI-DISCRIMINATION NOTICE: It is il any accented character refusal to hire or continue to employ De La Cruz, O'Neill, Control of the Cruz, O'Neill, Control	t names include:  presented has a future expiration  arcia Lopez,	NOT specify which document(s) an empon date may also constitute illegal disc	ployee may present to establish employment authorization and identity. The crimination.
Smith-Johnson, Ngu Section 1. Employee Information and have one name, ent then enter "Unknow Name field.	er it in this field, and sign Section 1 of Form I-9 no	later than the first day of employmen	nt, but not before accepting a job offer.)
Last Name (Family name)	First Name (Given name)	Middle Initial	Other Last Names Used (If Any)
		□ N/A	□ N/A
Address (Street Name and Number)	Apt. Number (2) City or To	own	State Zip Code
Month • Day • Year	▼ U.S. Social Security Number	② E-mail Address	7 Telephone Number

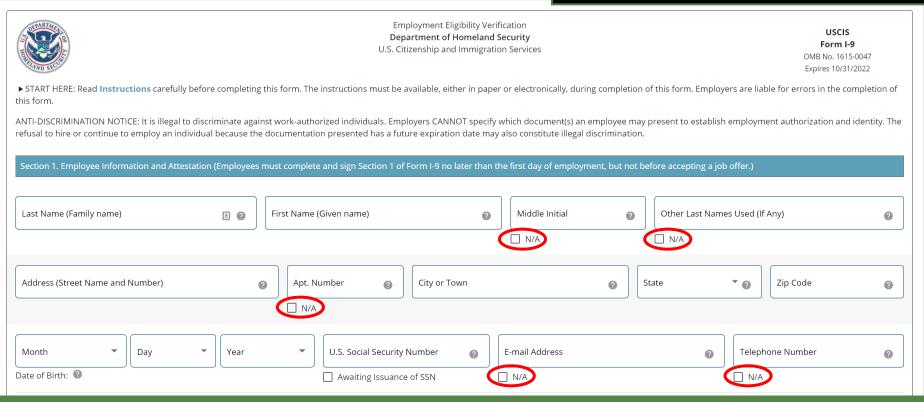
### Guardian

Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services All fields are required, except for Social Security No., unless participating in E-Verify. For E-Verify participants, select Awaiting Issuance of SSN if the employee has not yet received their SSN.

Expires 10/31/2022 ► START HERE: Read Instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.) Last Name (Family name) Other Last Names Used (If Any) First Name (Given name) Middle Initial 0 □ N/A □ N/A Address (Street Name and Number) Apt. Number City or Town State Zip Code 0 0 0 □ N/A U.S. Social Security Number Month Day Year F-mail Address Telephone Number 0 Date of Birth: Awaiting Issuance of SSN □ N/A □ N/A

### Guardian

Employee or preparer/translator enters **N/A** for fields not applicable to the them, or uses the **N/A** checkboxes.



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Employee or preparer/translator selects one of the four attestations.

Guardian Address (Street Name and Number) City or Town Zip Code Apt. Number State 0 0 0 □ N/A Month Day Year U.S. Social Security Number E-mail Address Telephone Number 2 0 0 Date of Birth: Awaiting Issuance of SSN □ N/A □ N/A I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. I attest, under penalty of perjury, that I am (Check one of the following boxes): 1. A citizen of the United States 2. A noncitizen national of the United States (See instructions) 3. A lawful permanent resident 4. An alien authorized to work Preparer and/or Translator Certification (check one of the following): I did not use a preparer or translator A preparer(s) or translator(s) assisted the employee in completing Section 1

Continue

#### **Table of Contents**

### **Preparer/Translator Certification**

translator was used and then Guardian click **Continue**. For more information on completing the Address (Street Name and Number) Preparer/Translator certification Apt. Number City or Town □ N/A please see the related tutorial. Month Year U.S. Social Security Number E-mail Address Telephone Number Dav 2 0 2 Date of Birth: Awaiting Issuance of SSN □ N/A □ N/A I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. I attest, under penalty of perjury, that I am (Check one of the following boxes): 1. A citizen of the United States 2. A noncitizen national of the United States (See instructions) 3. A lawful permanent resident 4. An alien authorized to work Preparer and/or Translator Certification (check one of the following): I did not use a preparer or translator A preparer(s) or translator(s) assisted the employee in completing Section 1 Continue

Employee or preparer/translator

specifies whether a preparer and/or

### Guardian

Employee attests that the information provide is accurate and agrees to the Electronic Signature by clicking the on-screen checkboxes.



Robert, you're not finished just yet!

Please review the information below and electronically sign Section 1 of your Form I-9.

#### Section 1 Summary

Full Name: Robert Andrews

Date of Birth: 01/02/1977

Citizenship Status: U.S. Citizen

#### **Electronic Signature**

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this form, you are attesting under penalty of perjury that the information you provided on the Form I-9, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct.

You are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.

- By checking this box, I attest that I have read, understood, and agree to the statements above
  - By checking this box, I consent to provide an electronic signature in connection with this Form I-9 and understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click 'Electronically Sign' to complete your electronic signature.

What is the name of the first school you attended?

Answer

### Guardian



Robert, you're not finished just yet!

Please review the information below and electronically sign Section 1 of your Form I-9.

#### Section 1 Summary

Full Name: Robert Andrews

Date of Birth: 01/02/1977

Citizenship Status: U.S. Citizen

#### Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this form, you are attesting under penalty of perjury that the information you provided on the Form I-9, along with the citizensl correct.

You are aware that you may face severe penalties provided by lav completing this form.

- By checking this box, I attest that I have read, understood, and
- ✓ By checking this box, I consent to provide an electronic signature. document by hand.

Please select an identity question from the dropdown list, provide a Ouestion

What is the name of the first school you attended?

Answer

To complete the Electronic Signature, the Employee selects from the available signature questions.

**Note:** Optionally, employers may opt for an employee-generated PIN number, instead of the Question/Answer option, as the Electronic Signature method.

What is the name of the first school you attended?

What is your mother's middle name?

What was the make and model of your first car?

What is the name of the first major city you visited?

What is the name of the hospital where you were born?

le to your employer, is complete, true and

ments or using false documentation when

ding as though I had physically signed this

### Guardian



Robert, you're not finished just yet!

Please review the information below and electronically sign Section 1 of your Form I-9.

#### Section 1 Summary

Full Name: **Robert Andrews**Date of Birth: **01/02/1977** 

Citizenship Status: U.S. Citizen

#### **Electronic Signature**

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this information you provided on the Form I-9, along with the citizenship or immigration status you selected, and all information and docume correct.

You are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.

- ✓ By checking this box, I attest that I have read, understood, and agree to the statements above
- By checking this box, I consent to provide an electronic signature in connection with this Form I-9 and understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click 'Electronically Sign' to complete your electronic signature. ②

What is the name of the hospital where you were born?

nswer

New York City Hospital

Employee is prompted to provide a memorable answer to the signature question (or enter a 4-digit PIN).

Note: Responses are not validated, and will not be referenced or reused during any subsequent employee signatures. However, all responses are recorded, and can be provided in the event of an audit.

Guardian

**Electronic Signature** You, the employee, must sign the Form I-9 by checking t information you provided on the Form I-9, along with the This Form I-9 receipt certifies that the individual named below has declared under correct. penalty of periury that he/she: Is the individual specified in Section 1. Has completed section 1 You are aware that you may face severe penalties provid Has read the Form I-9 Attestation. Has attached his/her electronic signature at the bottom of Section 1, thereby completing this form. aftesting as indicated on the Form I-9. ✓ By checking this box, I attest that I have read, understored. ✓ By checking this box, I consent to provide an electronic document by hand. Please select an identity question from the dropdown list, What is the name of the hospital where you were born? Name of Employer G2 basic company New York City Hospital Name of Employee Andrews, Robert Send me proof of my electronic signature Robert.Andrews@test.com

Optionally, the employee may receive a receipt of their Electronic Signature by clicking the checkbox and providing an email address.

The receipt will be emailed, and certifies the completion of Section 1 by the employee.

signature will be binding as though I had physically signed this

ignature. 🔞

Date section 1 signed

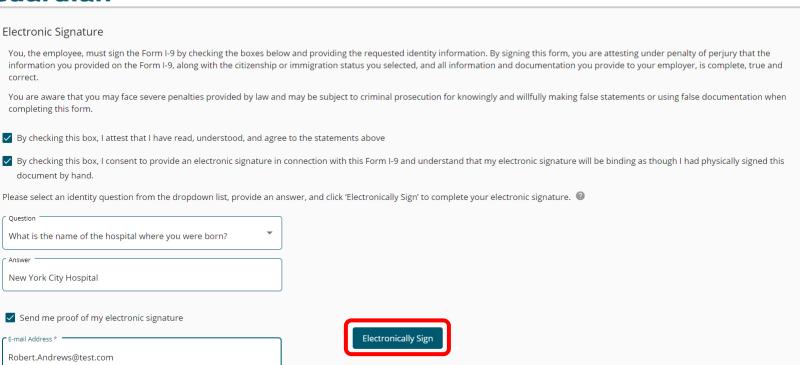
12/13/2016 @ 09:26:14

Employee Receipt of

Electronically Filed Form I-9

# The employee then clicks the Electronically Sign button to proceed.

### Guardian



## **Section 1 Completed**

The employee finishes the last step in the process of Section 1 by clicking the **Complete** button.

#### Section 1 Completed



You have successfully completed Section 1 of the Form I-9. Next, the I-9 Verifier will take over to complete the remainder of the form.

Click Complete to finish your portion and return control of the device to your I-9 Verifier.



### What's next?

Section 2 must now be completed. How this is accomplished may vary depending on whether you are using the Guardian **Location Manager** or **Standard Interface**, and which of the following workflows are being used:

- > In-Person
- Remote Hire / Remote Hire with Agent
- > Employee Kiosk

Please see the related tutorials for guidance on a specific workflow or interface.

### For Additional Assistance

- Select Help from the vertical toolbar to access other Guardian tutorials.
- For additional assistance contact your in-house Guardian expert.

### **Confidential User Guide**

Please do not distribute this document outside of your organization without our written permission.

Thank you.