



Guardian I-9 In-Person Workflow

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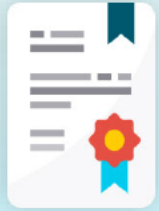
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Guardian I-9 In-Person Workflow

Employer Hires Remote Employee



New Hire meets in-person with User



New Hire Completes Section 1



New Hire selects Documents for Section 2



User/Employer Approves I-9



User Completes Section 2



New Hire meets with User to complete Section 2



When would I use this Workflow?

This workflow would be used to complete both Section 1 and Section 2 of the I-9 **in-person** with the new hire. Section 1 must be completed no later than the new hire's first day of work for pay, while Section 2 must be completed within the following 3 business days.

If you would prefer the new hire complete Section 1 remotely before coming in for their first day of employment, please see the Remote Hire Workflow tutorial.

How do I begin?

Starting this workflow will vary slightly depending whether you are using the **Location Manager** or the **Standard Interface** to access Guardian, and whether or not the new hire has already been created within Guardian.

Please see the Location Manager tutorial for more information on creating employees and I-9's in that interface.

Organizations with integration to other HRIS systems may have portions of this workflow automated. Please contact your in-house Guardian expert for more information on your specific workflow.

Searching for Employee

When using the **Standard Interface**, select **Start I-9** to search for the new hire. This helps prevent duplicate employee creation within Guardian.

LawLogix
by Hyland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Employee Group

Location

All

Refresh All

Type of I-9: **Current** | **Imported**

[Create New Employee](#)

Top Pending I-9s

	Date I-9 Created	Location	Employee Name	Status	Section 1 Deadline	Section 2 Deadline
● E	09/13/2019	Branch 1234:	Banner, Jim	Started	08/18/2016	08/23/2016
● E	12/05/2016	Branch 1234:	Smith, Hugo	Signed Sec 1	12/05/2016	12/08/2016
● E	12/06/2016	Branch 1234:	Smith, Thomas	Started	12/16/2016	12/21/2016
● E	11/28/2018	Branch 1234:	Andrews, Robert	Signed Sec 2	01/01/2017	01/04/2017
● E	01/06/2017	Branch 1234:	Lang, Yi	Signed Sec 2	01/06/2017	01/11/2017
● E	01/06/2017	Branch 1234:	Smith, Chris	Started	01/06/2017	01/11/2017
● P	01/12/2017	Branch 1234:	Smith, Barry	Started	01/12/2017	01/17/2017
● E	01/09/2017	Branch 1234:	Smith, Joe	Started	01/23/2017	01/26/2017
● E	02/10/2017	Branch 1234:	Smith, Carry	Started	01/30/2017	02/02/2017

Top I-9s Needing Approval

	Date I-9 Created	Location	Employee Name	Employee Start Date	Approval E-Verify Deadline
●	07/02/2019	Branch 1234:	Smith, Leonard	07/02/2019	07/05/2019

Top Pending Re-Verifications

	Date I-9 Created	Location	Employee Name	Expiration Date	Days Left
●	03/25/2020	No E-Verify:	Smith, John	08/15/2020	-37
●	03/25/2020	No E-Verify:	Smith, John	01/01/2021	102
●	06/20/2019	Branch 1234:	Doe, Robert	01/01/2021	102

Top I-9s Needing Further Action

	Date I-9 Created	Location	Employee Name	Reason	Date Expires	Days Left
●	03/01/2018	New River:	Doe, John	No SS	03/31/2018	-905
●	03/02/2020	Glendale:	Lopez, Sarah	No SS	04/01/2020	-173
●	05/07/2018	Branch 1234:	White, Tiffany	Receipt	05/31/2020	-113
●	03/30/2020	Branch 5678:	Doe, Jane	Physical Inspection	07/07/2020	-76
●	03/05/2020	No E-Verify:	Smith, John	Physical	07/07/2020	-76

Searching for Employee

Enter the employee's
Social Security Number and
click **Search**.

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[Announcements](#)

[Help](#) ▾

[Robert Reaume](#) ▾

[Logout](#)

[Dashboard](#)

[Start I-9](#)

[Employee](#) ▾

[E-Verify](#)

[Reports](#)

Start I-9

Social Security Number

799562147

(Exact Match)

Search

Employee does not have or will not reveal Social Security Number

Searching for Employee

LawLogix
by Hyland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

If no employees are found complete the provided **Employee Details** and then click **Create I-9 for New Employee**.

Start I-9

Social Security Number
(Exact Match)


799562147

Reset

Employee Details

Start Date 09/30/2020  (mm/dd/yyyy)

Employee ID

Employee Group Southwest > Arizona > Branch ... 

Language

English

I-9 Type

Electronic I-9 

Employee History

No employee found matching 799-56-2147

Create I-9 for New Employee

Searching for Employee

Alternatively, select **Employee does not have or will not reveal Social Security Number** to search instead by name.

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by Hyland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Start I-9

Social Security Number

(Exact Match)

Search

Employee does not have or will not reveal Social Security Number

Searching for Employee

Enter in the **First/Last name** and/or **Employee ID**, then **click Search**.

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Start I-9

Last Name

(Starts With)

Andrews



First Name

(Starts With)

Robert

Search

Employee ID

(Exact Match)

Employee does not have or will not reveal Social Security Number

Searching for Employee

If one or more existing employees are found click **Select This Employee** for the desired employee.

Start 1-9

Last Name
(Starts With)

First Name
(Starts With)

Reset

Employee ID
(Exact Match)

Employee does not have or will not reveal Social Security Number

Employee History

Multiple Employees were found matching the search criteria.
Please select the employee below or if not found, click the **Create New Employee** button.

Found	ID	DOB	Options
Andrews, Robert (Current Employee)		01/01/1990	Select This Employee
Andrews, Robert (Current Employee)		01/01/1990	Select This Employee

Create New Employee

Searching for Employee

If the desired employee is not found in the list of search results click **Create New Employee** and complete the provided employee detail fields.

LawLogix
by Myland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Start I-9

Last Name

Andrews

(Starts With)

First Name

Robert

(Starts With)

Reset

Employee ID

(Exact Match)

Employee does not have or will not reveal Social Security Number

Employee History

Multiple Employees were found matching the search criteria.
Please select the employee below or if not found, click the **Create New Employee** button.

Found

ID

DOB

Andrews, Robert (Current Employee)

01/01/1990

Andrews, Robert (Current Employee)

01/01/1990

Create New Employee

Employee Details

Start Date



(mm/dd/yyyy)

Employee ID

Language

I-9 Type

Electronic I-9



Completing Section 1

Click **Launch Employee Workflow** and turn control over to the employee or preparer/translator.

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Confirmation Selection

All information in Section 1 of the Form I-9 must be provided and entered by the employee or a preparer/translator. By proceeding, I acknowledge that the employee (or a preparer/translator if used) will be completing Section 1, and understand that all actions taken in Section 1 will be associated to the employee as documented in the audit trail.

Go Back

Launch Employee Workflow

Completing Section 1

Guardian

LawLogix Guardian Demo

A new tab/web page launches where the employee enters and confirms their name, then clicks **Continue**.

Employee Identity

i You are being asked to review and sign Section 1 of the Form I-9. Please provide your legal name below. This information will be used to identify who completed Section 1 of the form.

First & Last Name:

Robert Andrews

I confirm that I am the employee named above.

Continue

Completing Section 1

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

Guardian



Let's Get Started




















Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
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)  	First Name (Given name) 	Middle Initial 	Other Last Names Used (If Any) 		
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A			
Address (Street Name and Number) 	Apt. Number 	City or Town 	State  	Zip Code 	
<input type="checkbox"/> N/A					
Month 	Day 	Year 	U.S. Social Security Number 	E-mail Address 	Telephone Number 

Completing Section 1

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

Guardian

Let's Get Started



▶ START HERE: Read **Instructions** carefully before completing this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate and refusal to hire or continue to employ an individual because

Section 1. Employee Information and Attestation (Employer)

Last Name (Family name) ? ?

Address (Street Name and Number)

Month

Day

Year

USCIS Form I-9 Instructions

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

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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 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 <https://www.justice.gov/ier>.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new 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 authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

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 those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-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 Immigration and Customs Enforcement (ICE).**

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 (?) 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 is connected to the Internet.

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 I-9 from the USCIS website at <https://www.uscis.gov/i-9>. This form is in portable document format (pdf) that is fillable and saveable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Form I-9 from USCIS.

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 or store the page containing the Lists of Acceptable Documents.

Form I-9 Instructions 10/21/2019 Page 1 of 15

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

ing completion of this form. Employers are liable for errors in the completion of
n employee may present to establish employment authorization and identity. The
discrimination.

ment, but not before accepting a job offer.)

Other Last Names Used (If Any) ?

N/A

State ?

Zip Code ?

Telephone Number ?

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Completing Section 1

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

Guardian



Verificación de la elegibilidad para el empleo
El Departamento de Seguridad Nacional
El Servicio de Ciudadanía e Inmigración de los Estados Unidos

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022



► **EMPIECE AQUÍ:** Lea cuidadosamente las instrucciones antes de completar este formulario. Las instrucciones deben estar disponibles, ya sea en papel o electrónicamente, mientras se completa este formulario. Los empleadores son responsables de los errores en la cumplimentación de este formulario. **Instrucciones para completar la sección 1** 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.

AVISO CONTRA LA DISCRIMINACIÓN: Es ilegal discriminar a las personas autorizadas a trabajar. Los empleadores **NO PUEDEN** especificar qué documento(s) un empleado puede presentar para establecer la autorización de empleo e identidad. La negativa a contratar o seguir empleando a una persona porque la documentación presentada tiene una fecha de expiración futura también puede constituir una discriminación ilegal.

Sección 1. Información del empleado y declaración (Los empleados deben completar y firmar la sección 1 del formulario I-9 antes del primer día de trabajo, pero no antes de aceptar una oferta de trabajo).

Apellido (Nombre Familiar) <input type="text"/>	Primer Nombre (Nombre de pila) <input type="text"/>	I.S.N. <input type="text"/>	Otros apellidos usados (si alguno) <input type="text"/>
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Dirección (Número y Nombre de la Calle) <input type="text"/>	Número de Apt. Nú... <input type="text"/>	Ciudad o Pueblo <input type="text"/>	Estado <input type="text"/>	Código Postal <input type="text"/>
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Mes <input type="text"/>	Día <input type="text"/>	Año <input type="text"/>	Número de Seguro Social de EE.U... <input type="text"/>	Dirección de correo electrónico <input type="text"/>	Número de teléfono <input type="text"/>
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Fecha de Nacimiento:

En espera de la emisión del número

N/A

N/A

Completing Section 1

Employee or Preparer/Translator enters the employee information.

Guardian



Let's Get Started



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
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)



First Name (Given name)



Middle Initial



Other Last Names Used (If Any)



N/A

N/A

Address (Street Name and Number)



Apt. Number



City or Town



State



Zip Code



N/A

Month



Day



Year



U.S. Social Security Number



E-mail Address



Telephone Number





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Completing Section 1

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).



▶ START HERE: Read [Instructions](#) ca this form.

ANTI-DISCRIMINATION NOTICE: It is il refusal to hire or continue to employ
















Your last name is your legal family name or surname, as recorded on a government issued document. If you have two last names or a hyphenated last name, include both names in the Last Name field. Include any suffix such as Jr. in this field. Do not include any accented characters. Examples of correctly entered last names include: De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen. If you only have one name, enter it in this field, then enter "Unknown" in the First Name field.

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of
ized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The
presented has a future expiration date may also constitute illegal discrimination.

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) 	First Name (Given name) 	Middle Initial 	Other Last Names Used (If Any) 		
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A			
Address (Street Name and Number) 	Apt. Number 	City or Town 	State 	Zip Code 	
<input type="checkbox"/> N/A					
Month 	Day 	Year 	U.S. Social Security Number 	E-mail Address 	Telephone Number 

Completing Section 1

Guardian



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

Expires 10/31/2022

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Last Name (Family name) <input type="checkbox"/> <input type="checkbox"/>	First Name (Given name) <input type="checkbox"/>	Middle Initial <input type="checkbox"/>	Other Last Names Used (If Any) <input type="checkbox"/>		
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A			
Address (Street Name and Number) <input type="checkbox"/>	Apt. Number <input type="checkbox"/>	City or Town <input type="checkbox"/>	State <input type="checkbox"/>	Zip Code <input type="checkbox"/>	
<input type="checkbox"/> N/A					
Month <input type="checkbox"/>	Day <input type="checkbox"/>	Year <input type="checkbox"/>	U.S. Social Security Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>	Telephone Number <input type="checkbox"/>
Date of Birth: <input type="checkbox"/>			<input type="checkbox"/> Awaiting Issuance of SSN	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

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.

Completing Section 1

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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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) <input type="checkbox"/> <input type="checkbox"/>	First Name (Given name) <input type="checkbox"/>	Middle Initial <input type="checkbox"/>	Other Last Names Used (If Any) <input type="checkbox"/>		
		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A		
Address (Street Name and Number) <input type="checkbox"/>	Apt. Number <input type="checkbox"/>	City or Town <input type="checkbox"/>	State <input type="checkbox"/>	Zip Code <input type="checkbox"/>	
		<input type="checkbox"/> N/A			
Month <input type="checkbox"/>	Day <input type="checkbox"/>	Year <input type="checkbox"/>	U.S. Social Security Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>	Telephone Number <input type="checkbox"/>
Date of Birth: <input type="checkbox"/>		<input type="checkbox"/> Awaiting Issuance of SSN		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Completing Section 1

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

Guardian

Address (Street Name and Number) Apt. Number City or Town State Zip Code

N/A

Month Day Year U.S. Social Security Number E-mail Address Telephone Number

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

Preparer/Translator Certification

Guardian

Employee or preparer/translator specifies whether a **preparer and/or translator** was used and then click **Continue**. For more information on completing the Preparer/Translator certification please see the related tutorial.

Address (Street Name and Number) ?

Apt. Number ?

City or Town

N/A

Month ▼

Day ▼

Year ▼

U.S. Social Security Number ?

E-mail Address ?

Telephone Number ?

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

Signing Section 1

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. 

Question
What is the name of the first school you attended? 

Answer

Signing Section 1

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 citizenship information, is complete, true and correct.

You are aware that you may face severe penalties provided by law if you knowingly provide false information or use false documents or using false documentation when completing this form.

- By checking this box, I attest that I have read, understood, and agree to the terms and conditions of the Form I-9.
- By checking this box, I consent to provide an electronic signature on this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click the "Sign" button to complete the form.

Question
What is the name of the first school you attended?

Answer


- 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?

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.

Signing Section 1

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 documents 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. 

Question

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

Answer

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.

Signing Section 1

Guardian

Electronic Signature

You, the employee, must sign the Form I-9 by checking the information you provided on the Form I-9, along with the correct.

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

By checking this box, I attest that I have read, understood,

By checking this box, I consent to provide an electronic document by hand.

Please select an identity question from the dropdown list.

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

Answer
New York City Hospital

Send me proof of my electronic signature

E-mail Address *
Robert.Andrews@test.com

I-9 No. 168604

Employee Receipt of Electronically Filed Form I-9

This Form I-9 receipt certifies that the individual named below has declared under penalty of perjury that he/she:

- 1) Is the individual specified in Section 1.
- 2) Has completed section 1.
- 3) Has read the Form I-9 Attestation.
- 4) Has attached his/her electronic signature at the bottom of Section 1, thereby attesting as indicated on the Form I-9.

Name of Employer
G2 basic company

Name of Employee
Andrews, Robert

Date section 1 signed
12/13/2016 @ 09:26:14

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

signature. ?

Signing Section 1

The employee then clicks the Electronically Sign button to proceed.

Guardian

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. 

Question

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

Answer

New York City Hospital

- Send me proof of my electronic signature

Email Address *

Robert.Andrews@test.com

Electronically Sign

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.

Complete

Completing Section 2

Once returned to your main Guardian page click **Continue Processing I-9** to move on to Section 2.

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by Hyland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Continue I-9 Process



Please proceed with the next step of the I-9 process.

Continue Processing I-9

Completing Section 2

Click **See Details** to view the I-9 information entered by the employee.

ABC Corporation [Details]

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Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Read Instructions for Completing Section 2

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A or a combination of documents from the Lists of Acceptable Documents.

Employee Information from Section 1 (See Details) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Select Document Type

If you select a List A document, no additional documents are required from List B or C.

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and relate to the employee is authorized to work in the United States.

First Day of Employment

Planned Start Date

Employee Information From Section 1

Section 1 Responses

Last Name **Andrews**

First Name **Robert**

Middle Initial **N/A**

Other Names Used **N/A**

Date of Birth **01/01/1969**

Social Security No. **799-45-2857**

Attestation

A Citizen of the United States

Authorized to Work Until **N/A**

Alien No. **N/A**

Completing Section 2

Click Read Instructions for Completing Section 2 to access USCIS Form I-9 instructions.

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Dashboard Start I-9 Employee E-Verify

Read Instructions for Completing Section 2

Employers or their authorized representatives must complete and sign Section 2 within 3 business days of hire on the Lists of Acceptable Documents

Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Select Document Type

If you select a List A document, no additional documents are required from List B or C

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document and the employee is authorized to work in the United States.

First Day of Employment

USCIS Form I-9 Instructions

Instructions for Form I-9,
Employment Eligibility Verification

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

USCIS Form I-9
OMB No. 1815-0047
Expires 08/31/2019

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 present to establish employment authorization and identity. 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, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSCE) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TTY), or visit www.justice.gov/ert/fairdocdoc.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new 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 authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

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 employees, 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 those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-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 Immigration and Customs Enforcement (ICE).

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 (?) 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 is connected to the Internet.

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 I-9 from the USCIS website at <https://www.uscis.gov/sites/default/files/files/forms/i9.pdf>. This form is in portable document form (pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

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 or save the pages containing the Lists of Acceptable Documents.

or a combination of one document from List B and one document from List C as listed

and relate to the employee named, and (3) to the best of my knowledge the

Completing Section 2

ABC Corporation | Details

If you aren't sure a document provided by the employee is acceptable for Section 2, click **Lists of Acceptable Documents**.

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by Hyland

Dashboard

Start I-9

Read Instructions for Completing Section 2

Employers or their authorized representative must select one document from List A or a combination of one document from List B and one document from List C as listed

Employee Information from Section 1 (See Details)

Section 2. Employer or Authorized Representative

Employment Eligibility & Identity Options

Document Type

Select Document Type

If you select a List A document, no additional documents are required. If you select a List B or C document, you must also select a document from List A or a combination of one document from List B and one document from List C as listed

Additional Information

Certification: I attest, under penalty of perjury, that the information provided is true and correct, and the employee is authorized to work in the United States

First Day of Employment

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

document from List A or a combination of one document from List B and one document from List C as listed

near to be genuine and relate to the employee named, and (3) to the best of my knowledge the

Completing Section 2

ABC Corporation [Details]

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Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Inspect the employee's supporting document(s) and select the appropriate Document Title(s) from List A **OR** List B and C.

Read Instructions for Completing Section 2

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A or a combination of one document from List B and one document from List C as listed on the [Lists of Acceptable Documents](#)

Employee Information from Section 1 (See Details) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Select Document Type ▾

⚠ If you select a List A document, no additional documents are required from List B or C

Additional Information ?

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

First Day of Employment

Planned Start Date

11/02/2024

Completing Section 2

ABC Corporation [Details]

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Dashboard

Start I-9

Employee ▾

E-Verify

Reports

The **Citizenship/Immigration Status** field will contain a number 1-4, corresponding to the employee's attestation in Section 1.

Read Instructions for Completing Section 2

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A or a combination of one document from List B and one document from List C as listed on the [Lists of Acceptable Documents](#)

Employee Information from Section 1 (See Details) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** **Citizenship/Immigration Status: 1**

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Select Document Type ▾

⚠ If you select a List A document, no additional documents are required from List B or C

Additional Information ⓘ

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

First Day of Employment

Planned Start Date

11/18/2024

Completing Section 2

ABC Corporation [Details]

Documents inconsistent with the employee's status will be found at the bottom of the document list.

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Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Read Instructions for Completing Section 2



Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A or a combination of one document from List B and one document from List C as listed on the [Lists of Acceptable Documents](#)

Employee Information from Section 1 (See Details) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

Employment Eligibility & Identity Options

Document Type

Documents That Do Not Match Attestation (Further action will be needed.)

Alien Registration Receipt Card (Form I-551)

Permanent Resident Card (Form I-551)

Foreign Passport with Temp. I-551 MRV

Foreign Passport with Temp. I-551 Stamp

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

First Day of Employment

Planned Start Date

11/16/2024

[Table of Contents](#)

Completing Section 2

Such documents cannot be selected. If the employee's status is incorrect have them edit their attestation on Section 1.

ABC Corporation (Details)

LawLogix
by Hyland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Read Instructions for Completing Section 2

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A or a combination of one document from List B and one document from List C as listed on the [Lists of Acceptable Documents](#)

Employee Information from Section 1 (See Details) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

List A - Identity & Employment Authorization

Document Type

Alien Registration Receipt Card (Form I-551)

Error: Document is not valid for the employee's attestation type. Verify the attestation and document type selected.

Additional Information ?

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

First Day of Employment

Choose Date



Planned Start Date

11/10/2021

[Use this date](#)

Completing Section 2

ABC Corporation [Details]

LawLogix
by Hyland

Dashboard

Start 1-9

Employee ▾

E-Verify

Reports

Read Instructions for Completing Section 2

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine the [Lists of Acceptable Documents](#)

After selecting the Document Title(s), **View Sample Document** can be clicked to view an example of the document and where to locate the **Document Number**, **Expiration Date** and **Issuing Authority**.

Employee Information from Section 1 (See Details) First Name: Robert M.I.I.: N/A

Section 2. Employer or Authorized Representative Review and Verification

List A - Identity & Employment Authorization

Document Type

U.S. Passport

[View Sample Document](#)

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

✓ No additional documents required from List B or List C

Issuing Authority

U.S. Department of State

Document Number

Expiration Date

LawLogix
by Hyland

US Passport

Document Insights

- ✓ The U.S. Department of State issues the U.S. passport to U.S. citizens and noncitizen nationals.
- ✓ The U.S. Passport number, indicated below, usually contains nine numeric characters. There are a few versions of the U.S. Passport still in circulation that vary from the version shown. In some cases, a U.S. Passport number contains eight characters—one letter followed by seven numeric characters.



1 Issuing Authority

2 Document Number

3 Expiration Date

Completing Section 2

ABC Corporation (Details)

LawLogix
by Hybrid

Employee Information from Section 1 (See Details) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

List A - Identity & Employment Authorization

[View Sample Document](#)

Document Type

U.S. Passport

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

No additional documents required from List B or List C

Issuing Authority


U.S. Department of State

Document Number

123456789

Expiration Date

01/01/2025

Additional Information 

Enter the **Document Number**, **Expiration Date**, and the **Issuing Authority** (if not pre-populated), for each supporting document.

Completing Section 2

Certain documents may not always have an expiration date. For such documents, use the provided **N/A** checkboxes, or manually enter N/A.

ABC Corporation [Details]

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by Hyland

[Employee Information from Section 1 \(See Details\)](#) First Name: **Robert** M.I.: **N/A** Last Name: **Andrews** Citizenship/Immigration Status: **1**

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

[View Sample Document](#)

Document Type

Voter's registration card

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

 ? N/A

E-Verify Photo Confirmation ?

Additional Information ?

List C - Employment Authorization

[View Sample Document](#)

Document Type

Original or certified copy of US Birth Certificate

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

 ? N/A

Completing Section 2

ABC Corporation [Details]

LawLogix
by Hyland

Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A Last Name: Andrews Citizenship/Immigration Status: 1

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

[View Sample Document](#)

Document Type

Voter's registration card

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

 ? N/A

E-Verify Photo Confirmation ?

Additional Information ?

List C - Employment Authorization

Document Type

Original or certified copy of US Birth Certificate

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

 ? N/A

Attempting to enter List B/C information will automatically remove all List A information, and vice versa. This is by design, to avoid unnecessary over-documentation. Take care in only completing the required list(s).

Completing Section 2

ABC Corporation (Details)

LawLogix
by Myland

Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A Last Name: Andrews Citizenship/Immigration Status: 1

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

[View Sample Document](#)

Document Type

US Driver's License


Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.


Issuing Authority

Select Issuing Authority

Document Number

Expiration Date

E-Verify Photo Confirmation 

Additional Information 

List C - Employment Authorization

[View Sample Document](#)

Document Type

Original or certified copy of US Birth Certificate

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date



N/A

Employees subject to E-Verify may only provide a List B document if it contains a photo. Click the checkbox to confirm the document contains a valid photo.

Completing Section 2

ABC Corporation (Details)

LawLogix
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Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A Last Name: Andrews Citizenship/Immigration Status: 1

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

[View Sample Document](#)

Document Type

US Driver's License

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Select Issuing Authority

Document Number

Receipt: 12345678

Expiration Date

02/08/2022

Additional Information [?](#)

List C - Employment Authorization

[View Sample Document](#)

Document Type

Original or certified copy of US Birth Certificate

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Document Number

Expiration Date

[?](#)

N/A

If the employee presents a receipt in lieu of an original document, select the **Replacement Receipt** checkbox. A 90 day expiration date will be automatically calculated.

Completing Section 2

ABC Corporation [Details]

LawLogix
by Hyland

Employee Information from Section 1 (See Details) First Name: Robert M.I.: N/A Last Name: Andrews Citizenship/Immigration Status: 1

Section 2. Employer or Authorized Representative Review and Verification

List B - Identity Options

[View Sample B](#)

Document Type

US Driver's License

Employee is presenting a receipt to show they applied to replace this lost, stolen or damaged document.

Issuing Authority

Select Issuing Authority

Document Number

Receipt: 12345678

Expiration Date

02/08/2022

Additional Information

List C - Employment Authorization

Top I-9s Needing Further Action

View	Mine	All				
	Date I-9 Created	Employee Name	Reason	Date Expires	Days Left	
	12/21/2015	Johnson, Greg	No SS	05/04/2017	133	
	10/08/2015	Peterson, Julie	Receipt	03/22/2017	90	
	07/23/2015	Felix, James	No SS	12/04/2016	-18	
	07/10/2015	Walters, Sean	No SS	11/21/2016	-31	

The employee will appear on the **Top I-9's Needing Further Action** dashboard panel. Their I-9 cannot be approved until the original document is presented. See the Receipt tutorial for additional information.

Completing Section 2

ABC Corporation [Details]

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by Hyland

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Issuing Authority

Select Issuing Authority

Document Number

Receipt: 12345678

Expiration Date

02/08/2022

Employee is presenting a receipt to show they applied to damaged document.

Issuing Authority

Document Number

Expiration Date

?

N/A

Additional Information ?

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

First Day of Employment

Choose Date



Planned Start Date

11/10/2021

[Use this date](#)

The **Additional Information** space may be used to include additional document(s) or information relating to employment authorization extensions for certain foreign national employees. The information entered will appear on the generated I-9 PDF.

Completing Section 2

Enter in the employee's first day of employment. Optionally, click **Use this date.**

ABC Corporation [Details]

LawLogix
by stylant

02/08/2022



N/A

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

First Day of Employment

Choose Date



Planned Start Date

11/10/2021

[Use this date](#)

Title of Employer or Authorized Representative

Hr Manager

First Name of Employer or Authorized Representative

Stephanie

Last Name of Employer or Authorized Representative

Smith

Employer's Business or Organization Name

Educational Endeavors

Employer's Address (Street Number and Name)

7500 N. Elm St.

City or Town

Phoenix

State

AZ

Zip

85006

Go Back

Continue

Signing Section 2

Ensure the information in the Signature section is accurate. User and employer location information can be updated from the **My Settings** and **Administration** tabs, respectively, on the left-hand navigation menu.

ABC Corporation [Details]

LawLogix
by stylant

02/08/2022

Additional Information ?

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

First Day of Employment

Choose Date



Planned Start Date

11/10/2021

[Use this date](#)

Title of Employer or Authorized Representative

Hr Manager

First Name of Employer or Authorized Representative

Stephanie

Last Name of Employer or Authorized Representative

Smith

Employer's Business or Organization Name

Educational Endeavors

Employer's Address (Street Number and Name)

7500 N. Elm St.

City or Town

Phoenix

State

AZ

Zip

85006

[Go Back](#)

[Continue](#)

Signing Section 2

Click the **Continue** button once Section 2 has been completed.

ABC Corporation [Details]

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by stylend

Announcements

Help ▾

Stephanie Smith ▾

Log Out

02/08/2022

?

N/A

Additional Information ?

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

First Day of Employment

Choose Date



Planned Start Date

11/10/2021

[Use this date](#)

Title of Employer or Authorized Representative

Hr Manager

First Name of Employer or Authorized Representative

Stephanie

Last Name of Employer or Authorized Representative

Smith

Employer's Business or Organization Name

Educational Endeavors

Employer's Address (Street Number and Name)

7500 N. Elm St.

City or Town

Phoenix

State

AZ

Zip

85006

Go Back

Continue

Signing Section 2

Read and accept the signature statement by clicking the **I Accept** checkbox, enter in your Guardian password (or SSO credentials) and click **Electronically Sign**.

ABC Corporation [Details]

LawLogix
by Hyland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

You're Not Done Just Yet!
Please review the information below and electronically sign Section 2 of Form I-9.

Section 2 Summary

Employee Name: **Robert Andrews**

Documents Presented: **US Driver's License** and **Original or certified copy of US Birth Certificate**

[View Section 2](#)

Electronic Signature of Stephanie Smith

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

Please enter your Password/SSO ID and click 'Electronically Sign' to complete your electronic signature.

Password or SSO ID

?

Electronically Sign

[Go Back](#)

Document Retention

ABC Corporation [Details]

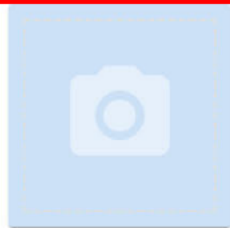
LawLogix
by MySantitas

Selected Document Upload

US Driver's License

Please upload an image of the document as required.

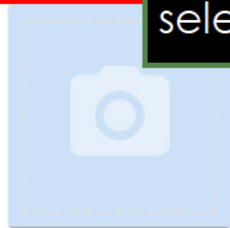
US Driver's License



Original or certified

Please upload an image of the document as required.

Original or certified



Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Continue

Skip Document Upload

Don't have access to upload the documents just yet? That's ok, just skip this step and move forward. Documents can be uploaded at a later time.

[Skip Document Upload](#)

If **Document Retention** is required, click the image boxes to upload the employee's scanned document(s).

- **OR** -

If the document is **not** able to be uploaded at this time, indicate so by selecting the appropriate checkbox.

Document Retention

ABC Corporation [Details]

A thumbnail of the uploaded document will be displayed.

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by Hyland

Announcements Help Stephanie Smith Log Out

Selected Document Upload

US Driver's License

Please upload an image of the document as required.

US Driver's License



Delete

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Original or certified copy of US Birth Certificate

Please upload an image of the document as required.

Original or certified copy of US Birth Certificate



Delete

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Continue

Skip Document Upload

Don't have access to upload the documents just yet? That's ok, just skip this step and move forward. Documents can be uploaded at a later time.

Skip Document Upload

[Table of Contents](#)

Document Retention

ABC Corporation [Details]

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Click **Continue** once all documents requiring retention have been uploaded.

Selected Document Upload

US Driver's License

Please upload an image of the document as required.

US Driver's License



Delete

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Original or certified copy of US Birth Certificate

Please upload an image of the document as required.

Original or certified copy of US Birth Certificate



Delete

Employee is presenting a receipt to show they applied to replace this lost, stolen, or damaged document.

Continue

Skip Document Upload

Don't have access to upload the documents just yet? That's ok, just skip this step and move forward. Documents can be uploaded at a later time.

Skip Document Upload

Complete & Approve the I-9

Click **Review the I-9** to check the I-9 for mistakes.

LawLogix
by Myland

Dashboard Start I-9 **Employee**

I-9 for Andrews, Robert

Details On Docs Issues Amendments

I-9 Overview

This I-9 is ready for Completion.

Before clicking the **Mark Completed** button, you should **Review the I-9** for mistakes. Please carefully check the documents provided by the employee and compare them to the information on the I-9. If there are mistakes in Section 1, go to **Section 1** and have the employee make these changes. If there are mistakes in Section 2, go to **Section 2** and make the necessary corrections. Once completed, you or your authorized company representative can approve the I-9.

I-9 Information

I-9 No: **2,674,921 (Primary)** I-9 Location: **Branch 5678**
Type: **Electronic I-9** I-9 Hire Date: **09/30/2020**
Version: **3/17/20**
Expires:
Date Completed:
Date approved:

E-Verify

Employee is eligible for E-Verify

Print Center

Form - Google Chrome
uat1.guardiandocuments.com/getdoc/6A466FC88B199D43B489697C2D9C52DA

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No. 1615-0047
Expires 03/31/2012

START HERE! Read instructions carefully before completing this form. This instructions must be available, either in paper or electronically, during completion of this form. Employees are liable for errors in the completion of this form.
ANTIDISCRIMINATION 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) Andrews	First Name (Given Name) Robert	Middle Initial N/A	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 123 Elm St	Apt. Number N/A	City or Town Phoenix	State AZ	ZIP Code 85022
Date of Birth (mm/dd/yyyy) 01/01/1990	U.S. Social Security Number 799-44-2887	Employee's Email Address N/A	Employee's Telephone Number 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 (Alien Registration Number/USCIS Number) **N/A**
 4. An alien authorized to work (expiration date, if applicable, mm/dd/yyyy) **N/A**
Some aliens may write "N/A" in the expiration date field. (See instructions)

Alien authorized to work must provide any one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: **N/A**
OR
2. Form I-94 Admission Number: **N/A**
OR
3. Foreign Passport Number: **N/A**
Country of Issuance: **N/A**

Signature of Employee: **Electronically Signed by R. Andrews** Today's Date (mm/dd/yyyy) **09/21/2020**

Preparer and/or Translator Certification (check one):
 I (I listed on a prepared or translated) prepared/translated the employee in completing Section 1.
 I (I listed below) must be completed and signed when preparers and/or translators assist an employee in completing Section 1.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____ Today's Date (mm/dd/yyyy) _____
Last Name (Family Name) _____ First Name (Given Name) _____
Address (Street Number and Name) _____ City or Town _____ State _____ ZIP Code _____

placements Help Robert Reaume Logout

Refresh Update and Go Back Update Info Go Back Delete

of the form to validate changes.

Park This I-9

Mark Completed

Complete & Approve the I-9

When ready click **Mark Completed** to complete the I-9.

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

I-9 for Andrews, Robert

View Employee

Refresh

Update and Go Back

Update Info

Go Back

Delete

Details

On Docs

Issues

Amendments

I-9 Overview

This I-9 is ready for Completion.

Before clicking the **Mark Completed** button, you should [Review the I-9](#) for mistakes.

Please carefully check the documents provided by the employee and compare the information on those documents against the completed I-9.

If there are mistakes in Section 1, go to [Section 1](#) and have the employee make the necessary revisions. The employee must electronically re-sign Section 1 of the form to validate these changes.

If there are mistakes in Section 2, go to [Section 2](#) and make the necessary revisions. You must electronically re-sign Section 2 of the form to validate these changes.

Once completed, you or your authorized company representative can approve and E-Verify this I-9 form.

I-9 Information

I-9 No: **2,674,921 (Primary)**

I-9 Location: **Branch 5678**

Type: **Electronic I-9**

I-9 Hire Date: **09/30/2020**

Version: **3/17/20**

Expires:

Date Completed:

Date approved:

Park This I-9

Mark Completed

E-Verify

Employee is eligible for E-Verify

Print Center

Complete & Approve the I-9

Prior to approving the I-9 click **Review the I-9** to check for mistakes, as well as compare to any uploaded supporting documents by clicking the PDF icons. Editing is locked after it has been approved.

LawLogix
by Myland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

I-9 for Andrews, Robert

View Employee

Refresh

Update and Go Back

Update Info

Go Back

Delete

Details

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Issues

Amendments

Approve I-9

Instructions

Please note:

You are about to approve this *Electronic I-9* for **Robert Andrews**.

By clicking the **Approve This I-9** button below you will be making sections 1 & 2 of this I-9 form permanent.

Please make sure you have reviewed the I-9 form completely before approving this submission. Compare the information provided to that of the original documents (if you still have them) or review the I-9 documents listed below (if any).

To view the completed I-9 form one last time, [Review the I-9](#).

Click the **Cancel** button below to return to the previous screen if you need to make changes or further review this I-9.



View
I-9

Employee is eligible for E-Verify.

Cancel

Approve This I-9

I-9 OnDocs

Date Created	Time Created	File Type	Subject Reference	File Size (KB)
09/21/2020	09:03:24	Adobe Acrobat	I9 #2674921 Snapshot [Mark Completed]	408.7
09/21/2020	08:59:25	Image/JPEG	U.S. Passport-Barcode Page	175.0
09/21/2020	08:58:04	Image/JPEG	U.S. Passport-ID Page	262.0

Complete & Approve the I-9

LawLogix
by Myland

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

I-9 for Andrews, Robert



Details

On Docs

Issues

Amendments

Approve I-9

Instructions

Please note:

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Please make sure you have reviewed the I-9 form completely before approving this submission. Compare the information provided to that of the original documents (if you still have them) or review the I-9 documents listed below (if any).

To view the completed I-9 form one last time, [Review the I-9](#).

Click the **Cancel** button below to return to the previous screen if you need to make changes or further review this I-9.



View
I-9

Employee is eligible for E-Verify.

Cancel

Approve This I-9

I-9 OnDocs

Date Created	Time Created	File Type	Subject Reference	File Size (KB)
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09/21/2020	08:58:04	Image/JPEG	U.S. Passport-ID Page	262.0

When ready click **Approve This I-9**, which will “lock” the form. The I-9 cannot be edited after it has been approved, except by using the **Amendments** tool. Approval permissions may be restricted to only certain Guardian users.

Complete & Approve the I-9

Employees subject to **E-Verify** will be automatically submitted.

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

E-Verify for: Robert Andrews



Submission in Progress

A request was submitted to E-Verify and is waiting a response. It may take a few seconds to appear.

Case Verification Number: 2020265160517AG

E-Verify Summary

Case Status

Status: **Processing**

Initiated By: **Robert Reaume**

Initiated On: **09/21/2020**

Employee Information

First Name: **Robert**

Last Name: **Andrews**

Date of Hire: **09/30/2020**

Citizenship Status: **U.S. Citizen**

[View More Employee Information](#)

Document Information

Document Type: **U.S. Passport or Passport Card**

Document Number: **123456789**

Document Expiration: **01/01/2025**

[View OnDocs](#)

[Go Back](#)



What's next?

If an E-Verify case is submitted a variety of initial case statuses may be returned, including:

- Employment Authorized
- Tentative Non-Confirmation (TNC)
- Verification in Process

Please see the E-Verify tutorials for additional information on handling the different E-Verify case scenarios.

For Additional Assistance

- Select **Help** from the top 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.