

# Editing an Incomplete Form I-9

1. Editing an Incomplete Form I-9
2. Editing Section 14
<u>Re-Signing Section 1</u> 11
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<u>Re-Signing Section 227</u>
• <u>Completing the I-9</u>

### **Editing an Incomplete Form I-9**

Guardian allows Form I-9 to be edited <u>prior</u> to the I-9 being marked as **Approved**. Any Section of Form I-9 may be edited in Guardian. Edits to Section 1 should be made by the **employee** (or preparer/translator, if used), not the document verifier.

Editing a Section will **erase** the signature and that Section will need to be re-signed. This may result in a new Date Signed, depending on when the edit is made.

If an I-9 has already been marked **Approved** the Edit buttons will <u>not</u> be available. In this scenario an **Amendment** should be made instead.

This tutorial will demonstrate how to edit Section 1 of Form I-9, using the **In-Person Workflow**, as well as how to edit Section 2 from the Standard Interface.

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#### Guardian Company: Reaume, Robert

#### In this scenario, a new employee has provided a Permanent Resident Card for Section 2.

#### Guardian

I-9 and E-Verify Compliance System



I Charts & Graphs

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#### Employer / Agent Review and Verification

To fulfill the requirements of the I-9 form, please inspect the identity and employment eligibility documents that the employee has provided. Find the corresponding document in one of the lists below. You will need to select either an item from List A or items from both List B and List C and record the required information.

Review Section 1 Answers Review I-9 Form Instructions

#### Section 2. Employer or Authorized Representative Review and Verification

(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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents")

Employee Info from Section 1	Last Name (Fa Andrews	mily Name)	First Name <i>(Give</i> Robert	n Name)	M.L. F	Citizenship/Immigration Status 1
List A Identity and Employment Auth		OR	List B Identity	AND		List C Employment Authorization
Document Title	*	Document Title	3	<b>.</b>	Document	Title
u.S. Passport	٩.	Issuing Authon	ity		Issuing Au	thority
U.S. Passport Caro	Form I-	Document Nur	nber		Document	Number
E 551) Align Registration Receipt C I-551)		Expiration Date	e (if any)(mm/dd/yyyy)		Expiration	Date (if any)(mm/dd/yyyy)
Foreign Passport with Temp Stamp	o. I-551	Additional Int	formation 📵		1	
<sup>It</sup> Foreign Passport with Temp MRIV	p. I-551					

#### Guardian informs the employer the selected document is not consistent with the Section 1 attestation.

Guardian	Employer / Age	Please Note	and Maniffrantian	2			ection 1 Answers Form Instructions
I-9 and E-Verify Compliance System	to tail the requirement that the employee has select either an item fr					Neview 1-3	torin Instructions
$\sim$		·	e List A Doc is not valid fo			_	
🚳 Dashboard	09	Please verify	that employee has selec	ted the correct attestat	ion in Section	11. 	
O Start I-9	Section 2. Employer or Authorized (Employers or their authorized representative	ve must complet	te and sign Section 2 within 3	business days of the emplo	vee's first dav o	of employment. You must phys	sically examine one
🗭 E-Verify	document from List A OR examine a combin	nation of one do	cument from List B and one d	locument from List C as liste	d on the *Lists (	of Acceptable Documents")	
FAR Queue	Employee Info from Section 1	Last Name (Fam Andrews	uly Name)	First Name (Given Name) Robert	M L. F	Citizenship/Immigration St 1	utus
III Reports	List A Identity and Employment Authorizat	O	R	ist B entity	AND	List C Employment Authoriz	ation
🔄 Employees	Document Title		Document Title		Docume		
@ I-9 Forms	Permanent Resident Card (Form	I-5 💽					
■ Tasks	Issuing Authority		Issuing Authority		Issuing A	Authority	
💷 Charts & Graphs	Document Number		Document Number	I	Docume	nt Number	
📢 Announcements							
🞓 Help	Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd	ย่างห	Expiratio	n Date (if any)(mm/dd/yyyy)	
i My Settings							
🏦 Administration	Document Title		Additional Information				
ර Logout	Issuing Authority						

Guardian Company: Reaume, Robert

## Ed

🚯 Dashboard
Ø Start I-9
🍽 E-Verify
FAR Queue
I Reports
🖶 Employees
🕼 I-9 Forms
😫 Tasks
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📢 Announcements
🕿 Help
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m Administration
😃 Logout

Compliance System

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iting Section 1		_	e atte er	employer mployee se station by mployee to ick <b>Go Bac</b>	electe mista edit	ed the v ke. To c Section he bott	wrong Illow the 1, first
Document Number							
Expiration Date (if any)(mm/dd/yyyy)							
Certification: I attest, under penalty of perjury, that (1) I hav appear to be genuine and to relate to the employee named, and						d document(s)	
The employee's first day of employment (mm/dd/yyyy):	dd/yyyy View plann	ned start date (4	See instru	ctions for exemptions)			
Signature of Employer or Authorized Representative	Date (mm/c	dd/yyy):	Title of En	nployer or Authonized Representa	tive		
			Trainer				
Last Name of Employer or Authorized Representative	First Name of Employer of	or Authorized Rep	resentative	Employer's Business or Organiz	ation Name		
Reaume	Robert			Guardian Company			
Employer's Business or Organization Address (Street Number and Name)		City or Town	ÿ		State	Zip Code	
3111 N Central Ave		Phoenix			AZ 👻	85012	

When ready, click Sign to initiate the electronic signature process. It will be checked for errors automatically.



From the I-9 **Details** tab, click the **View Section 1** button.

Guardian Company: Reaume, Robert

#### Guardian *I*-9 for Andrews, Robert

I-9 and E-Verify Compliance System	0	Ŧ							View Employee	Refresh	Update and Go Back	Update Info	Go Back	Delete
		etails	OnDocs	Issues	Amendments									
	I-9 (	verview												~
🚳 Dashboard	_				1.1.1.1.1.									
O Start I-9				een complete		ne company representative	e.							
🗭 E-Verify	View	Sectio	on 1											
FAR Queue		14	Andrew	s, Robert		Signed: Robert Andrew						view Section 1	<b>\</b>	
⊞ Reports			Andrews	S, RODER		01/11/2018 @	08:12:16							
🖶 Employees		Prepa	rer/Transl	ator										
C I-9 Forms		-				0						Mar David		
≡ Tasks			No Ass	istance Provi	ded	Signed						View Prep		
🗔 Charts & Graphs		Sectio	on 2											
Announcements		12		s, Robert		Signed					V	fiew Section 2		
🞓 Help			Hired:											
i My Settings				Documen	uts U.S. Passpo	t Note: Document Retention	n Required. Not Uploade	d						
m Administration		- Print	Center											
ዕ Logout				1	7		A				内			
				Vie	N		Employee			Prep	arer/Translator			

Section 1 - Employee Information

#### The Section 1 fields will be greyed out since Section 1 has already been signed.

I-9 and E-Verify
Compliance System

Guardian

Guardian Company: Reaume, Robert



O Start I-9

E-Verify

FAR Queue

III Reports

C I-9 Forms

E Tasks

Graphs & Graphs

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Employees

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Please Note × Language English Section 1 of Form I-9 is complete so all fields are disabled. If changes need to be made, click the 'Edit Section 1' button at the bottom of the screen. The USCIS employee will then be required to make the necessary changes and Form I-9 electronically sign the document again. OMB No. 1615-0047 Expires 08/31/2019

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 Andrews Robert \* N/A Address (Street and Number and Name) Apt Number Zip Code AZ 123 Elm St 85022 N/A N/A Phoenix U.S. Social Security No. Employee's E-mail Address Employee's Telephone Number \*\*/\*\*/1969 \*\*\*-\*\*-5781 N/A · NA N/A Awaiting Issuance of SSN

I am aware that federal law provides for imprisonment and/or fines for faise statements or use of faise documents in connection with the completion of this form.

l attest, under penalty of perjury, that I am (check one of the following):

1 A citizen of the United States 0

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number):

. @ N/A

0

# Scroll down to the bottom of the page and click **Edit Section 1**.

	Awaiting Issuance of SSN
	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.
ashboard	I attest, under penalty of perjury, that I am (check one of the following):    I attest, under penalty of the United States  I actizen of the United States III
art I-9	
-Verify	2. A noncitizen national of the United States (See instructions)
AR Queue	<ul> <li>3. A lawful permanent resident (Alien Registration Number/USCIS Number).</li> <li>         • N/A         •     </li> </ul>
kk Queue	4. An alien authorized to work until (expiration date, if applicable mm/dd/yyyy)      N/A
ports	Some aliens may write "N/A" in this field. (See instructions)
nployees	Aliens authorized to work must provide only one of the following document numbers to complete Form I-9.
9 Forms	An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
sks	1. Alien Registration Number/USCIS Number:
	OR
arts & Graphs	2. Form I-94 Admission Number: N/A
nouncements	OR
elp	3. Foreign Passport Number: N/A
y Settings	Country of Issuance: N/A *
dministration	Signature of Employee.     Date (mm/dd/yyyy):       Electronically Signed by R. Andrews     01/11/2018
	Electronically Signed by R. Andrews



#### Read the warning message carefully, and click the **Continue** button to edit Section 1.

Currenting	123 Elm St		N/A 🖉 N/A	Phoenix		to equi section i
Guardian	Date of Birth	WARNING			×	Employee's Telephone Number
I-9 and E-Verify Compliance System	**/**/1969					N/A × N/A
	I am aware that federal law provides for in	This will erase the Sec changes requiring sec	-		he employee to make	n of this form.
🚳 Dashboard	I attest, under penalty of perjury, that I am	And the second second second second				
O Start I-9		Do you wish to Contir	ue?			
🗭 E-Verify	2. A noncitizen national of the United					
FAR Queue	3. A lawful permanent resident (Alier				Cancel Continue	
⊞ Reports	4. An alien authorized to work until (		ım/dd/yyyy) 👽 🕅//	<b>X</b>	9	OR Code - Section 1 Do Not Write in This Space
嶜 Employees	Some aliens may write "N/A" in this fix Aliens authorized to work must provide o		ent numbers to comp	lete Form 1-9.		
Ø I-9 Forms	An Alien Registration Number/USCIS Nun	nber OR Form I-94 Admission N	umber OR Foreign Pa	ssport Numbe	r.	
≡ Tasks	1. Alien Registration Number/USCIS		• 🔍 N/A		0	
🗔 Charts & Graphs	2. Form I-94 Admission Number: N					
Announcements	OR	8				
🞓 Help	3. Foreign Passport Number: N/A	0				
i My Settings	Country of Issuance: N/A			• 0		
m Administration	Signature of Employee: Electronically Signed by R. Andrews					Date (mm/dd/yyyy): 01/11/2018
C Logout						
	Preparer and/or Translator Certification		rer(s) and/or translator	s) assisted the	employee in completing Section 1. 0	

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#### Guardian Company: Reaume, Robert

#### Guardian

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0	FAR Queue
▦	Reports
*	Employees
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=	Tasks
	Charts & Graphs

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**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.



#### Click Launch Employee Workflow.

A new tab/web page will open. The employee takes control of the device, enters and confirms their name, then clicks **Continue as Employee**.

Continue as Employee

Cancel

#### **Employee Identity**

Employee Name First and Last)	Robert Andrews	
instand Lastj		
	I confirm that I am the employee named above.	

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The employee may now make the necessary corrections to Section 1 and click the **Sign** button.

1. A citizen of the United States				
T. A Gilzen of the onlited States				
2. A noncitizen national of the United States (Se	e <u>instructions</u> ) 🛈			
3. A lawful permanent resident (Alien Registratio	on Number/USCIS Number): 🕚	Alien Number 💽 🕢	A123456789	
<ul> <li>4. An alien authorized to work until (expiration d Some aliens may write "N/A" in this field. <i>(See in liens authorized to work must provide only one of th</i> <i>n Alien Registration Number/USCIS Number OR Forr</i></li> <li>1. Alien Registration Number/USCIS Number: OR</li> </ul>	nstructions) e following document numbers to n I-94 Admission Number OR Fore	complete Form 1-9.		QR Code - Section 1 Do Not Write in This Space
2. Form I-94 Admission Number: N/A OR 3. Foreign Passport Number: N/A	0			
Country of Issuance: N/A		. 0		

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Employee verifies their First Name, Last Name and Date of Birth by clicking the on-screen checkboxes, then accepts the agreement.

#### **Electronic Signature**

along with the correct, and yo	oyee, must sign Section 1 as descr citizenship or immigration status vi ou are aware that you face severe p its or using false documentation wh	ou selected, and all information an penalties provided by law and may	nd documentation you provide	to your employer, is complete, true	e and
^	fy that the first name, last name, ar	nd date of birth shown below belor	ng to you by clicking the check	box next to each item.	
First Nan	ne Robert				
🗹 Last Nam	ne Andrews				
🖉 Date Of E	Birth 01/01/1969				
Step 2: Read the fo	ollowing statement and select "I Acc	cept" to acknowledge your agreen	nent.		
above, providi	rovide an electronic signature in co ng the requested information in Ste signing this Form I-9. I understand f	p 3 below, clicking on the 'I Accep	ot box', and clicking on the 'Ele	ectronically Sign' button, that I am	nd.
The question select	act a signature question from the dr ted should call for information that y swer may be presented to the Dep	ou have committed to long-term r	memory and is not easily gues	sed or researched. Please note th	nat
Question:	Select a question	.*.			
Answer:					Electronically Sign

along with the citizenship or immigration status you selected, and all information and documentation you provid correct, and you are aware that you face severe penalties provided by law and may be subject to criminal prose false statements or using false documentation when completing this form.

Step 1: Please verify that the first name, last name, and date of birth shown below belong to you by clicking the che

First Name Robert

Last Name Andrews

Date Of Birth 01/01/1969

Step 2: Read the following statement and select "I Accept" to acknowledge your agreement

I consent to provide an electronic signature in connection with this Form I-9 and understand that by verifying m above, providing the requested information in Step 3 below, clicking on the 'I Accept box', and clicking on the 'E electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had ph

✓ | Accept

Step 3: Please select a signature question from the dropdown list, provide an answer, and click 'Electronically Sign' to complete your electronic signature. The question selected should call for information that you have committed to long-term memory and is not easily guessed or researched. Please note that the question and answer may be presented to the Department of Homeland Security in the event of an audit as proof that you have electronically signed this document.

Question:	Select a question
	What is the name of the first school you attended?
Answer:	What is your father'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 Question/Answer, as the Electronic Signature method.

Electronically Sign

Sign

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along with the citizenship or immigration status you selected, and all information and documentation you provid correct, and you are aware that you face severe penalties provided by law and may be subject to criminal prose false statements or using false documentation when completing this form.

Step 1: Please verify that the first name, last name, and date of birth shown below belong to you by clicking the che

First Name Robert

Last Name Andrews

Date Of Birth 01/01/1969

Step 2: Read the following statement and select "I Accept" to acknowledge your agreement:

I consent to provide an electronic signature in connection with this Form I-9 and understand that by verifying m above, providing the requested information in Step 3 below, clicking on the 'I Accept box', and clicking on the 'E electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had ph

✓ | Accept

Step 3: Please select a signature question from the dropdown list, provide an answer, and click 'Electronically Sign' The question selected should call for information that you have committed to long-term memory and is not easily gue

Employee is prompted to provide a memorable answer to the signature question (or enter a 4-digit PIN), and clicks **Electronically Sign**.

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.

the question and answer may be presented to the Department of Homeland Security in the event of an audit as proor max you have electronically signed this document.

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

 Electronically Signed

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After electronically signing, employee or preparer/translator will click **Complete**, and the tab/web page will close.

#### 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.



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#### **Continue Processing I-9**

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

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I-9 and E-Verify Compliance System



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E-Verify

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🖶 Employees

I-9 Forms

📰 Tasks

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### **Continue Processing I-9**

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# The employer may now finish completing Section 2.

#### Guardian Company: Reaume, Robert

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Employer / Agent Review and Verification

To fulfill the requirements of the I-9 form, please inspect the identity and employment eligibility documents that the employee has provided. Find the corresponding document in one of the lists below. You will need to select either an item from List A or items from both List B and List C and record the required information.

Review Section 1 Answers Review I-9 Form Instructions

#### Section 2. Employer or Authorized Representative Review and Verification

(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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents")

Employee Info from Section 1	Last Name (Fam. Andrews	ily Name)	First Name <i>(Give</i> Robert	en Name)	M.I. F	Citizenship/Immigration Status 3
List A Identity and Employment Auth	Of	2	List B Identity	ANE	0	List C Employment Authorization
Document Title View Sample Docume	* Q	Document Title		¥	Document	Title *
Permanent Resident Card (Fo Alten Registration Receipt Car 551)		Issuing Authority			Issuing Au	thonty
Foreign Passport with Temp. I Stamp Foreign Passport with Temp. I		Document Number			Document	Number
Receipt: Form I-94/I-94A w/ I- and photo U.S. Passport		Expiration Date (if ar	ıy)(mm/dd/yyyy)		Expiration	Date (if any)(mm/dd/yyyy)
U.S. Passport Card						

If the I-9 has already been completed, it may be necessary to select All Panels from the left-hand ЭW

Guardian	I-9 for Andrews, Robert	<b>View</b> slider to display the Vie
9 and E-Verify npliance System	♥ ₹	Section 2 button.
	Details OnDocs Issues Amendments	
Dashboard	I-9 Overview	
Start I-9	Next Step < 2d button, you should click the Review the I-9 link to review the final I-9 for	mistakes.
E-Verify	View Details: All Panels ded by the employee and compare the information on those documents again	inst the completed I-9.
Reports	I and II by viewing those sections and making changes.	
Employees	Changes to Section 1 will require the electronic signature of the employee. Once approved, this form will be permanently locked, and its' data will be sent to E-Verify. Any further change	s will require either additional Section III entries or an entirely new 1-9
I-9 Forms	form.	
Tasks	I-9 Information	
Charts & Graphs	I-9 No: 2,126,314 (Primary)         I-9 Location:         Branch 1234           Type: Electronic I-9         I-9 Hire Date:         02/05/2018	Park This I-9
Announcements	Version: 7/17/17 Expires:	Mark Approved
ICE Audit	Date Completed: 10/05/2018 Date approved:	
Help		
My Settings	E-Verify Employee is eligible for E-Verify	
Administration		
Lecout	Print Center	
Logout	内内	A

Guardian

Cor

Scroll down and click the **View Section 2** button.

Guardian	I-9 for Andrews, Robert	
I-9 and E-Verify Compliance System	View Employee Refresh Update and Go Back Update Info Go Back	Delete
	Details OnDocs Issues Amendments	
B Dashboard	I-9 Overview	*
- Dashboard	Section 2	
O Start I-9	Andrews, Robert Signed: Robert Reaume	
🗯 E-Verify	Hired: 02/05/2018         02/08/2018 @ 10:53:29	
Reports	Permanent Resident Card (Form I-551) Note: Document Retention Required.	
🔮 Employees	Upload Document	
C I-9 Forms		
🛱 Tasks	Documents [Enlarge]	
🔟 Charts & Graphs		
Announcements	The supporting document has been uploaded to the employee's record.	
👁 ICE Audit		
🗢 Help	I-9 Issue Counts	
i My Settings	Check I-9 Check	
🏛 Administration		
එ Logout	E-Verify Employee is eligible for E-Verify	

# Scroll down to the bottom of the page and click **Edit Section 2**.

Com	11	20	00	C.	ert.	am
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🔟 Charts & Graphs
Announcements
🐵 ICE Audit
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i My Settings
â Administration
🖕 Logout

Document Number						
Expiration Date (if any)(mm/dd/yyyy) N/A						
Document Title				đ		
Issuing Authority N/A						
Document Number						
Expiration Date (if any)(mm/dd/yyyy) N/A	-					
Certification: I attest, under penalty of perjury, that appear to be genuine and to relate to the employee nar						ed document/s
					he United States	
The employee's first day of employment (mm/dd/yyyy) Signature of Employer or Authorized Representa	: 02/05/2018	(See instructions for e Date (mm/dd/yyy): 02/08/2018 @ 10:53:2	Title of E	<b>s)</b> imployer or Authorized Repre		
The employee's first day of employment (mm/dd/yyyy) Signature of Employer or Authorized Representa	): 02/05/2018	(See instructions for e	9 Traine	s) imployer or Authorized Repre r	esentative	
The employee's first day of employment <i>(mm/dd/yyyy)</i> Signature of Employer or Authorized Representa Electronically Signed by R. Reaume	): 02/05/2018	(See instructions for e Date (mm/dd/yyy): 02/08/2018 @ 10:53:2 ne of Employer or Authorized Re	9 Traine	s) imployer or Authorized Repre r	esentative	
The employee's first day of employment (mm/dd/yyyy) Signature of Employer or Authorized Representa Electronically Signed by R. Reaume	): 02/05/2018 Itive First Nan Robert	(See instructions for e Date (mm/dd/yyy): 02/08/2018 @ 10:53:2 ne of Employer or Authorized Re	Trainer	s) mployer or Authorized Repre r Employer's Business or Org	esentative	



#### Read the warning message carefully, and click the **Continue** button to edit Section 2.

<b>C</b>	N/A			00110		SCCIION Z
Guardian	Issuing Authority	WARNING			×	
I-9 and E-Verify	N/A	WARNING		,		
Compliance System	Document Number	This will erase the Sect	ion 2 Signature, allowing the	e document verifier to make		
		changes and re-sign th	ie form.			
🚳 Dashboard	Expiration Date (if any)(mm/dd/yyyy)	Do you wish to Continu	1e <sup>2</sup>			
🙆 Start I-9	N/A					
🗯 E-Verify	Document Title			Cancel		
I Reports	Issuing Authority			Cancer		
🔮 Employees	N/A				_	
C I-9 Forms	Document Number					
😂 Tasks	Expiration Date (if any)(min/dd/yyyy)					
🔟 Charts & Graphs	N/A					
Announcements	Certification: 1 attest, under pena				2 D.W.Z	d document(s)
👁 ICE Audit	appear to be genuine and to relate to The employee's first day of employm				k in the United States.	
🞓 Help	Signature of Employer or Author		Date (mm/dd/yyy):	Title of Employer or Authorized	Representative	
i My Settings	Electronically Signed by R. Reaum	e	02/08/2018 @ 10:53	Trainer		
a Administration	Last Name of Employer or Authorized Rep			Representative Employer's Business		
	Reaume		lobert	Guardian Comp	any	
o Logout	Employer's Business or Organization Addre	ess (Street Number and Name)	City or To	wn	State	Zip Code
	3111 N Central Ave		Phoenix	¢	AZ +	85012

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#### The fields will become unlocked and the necessary edits can be made.

#### Guardian

I-9 and E-Verify Compliance System

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🚳 Dashboard
Ø Start I-9
📁 E-Verify
III Reports
🔮 Employees
🕼 1-9 Forms
📰 Tasks
🔟 Charts & Grap
📢 Announcemen
🔊 ICE Audit
🞓 Help
i My Settings

**m** Administration

🖞 Logout

Employee Info from Section 1	Last Name (Fami Andrews	ly Name)	First Name (Given Name) Robert		M.L. F	Citizenship/Immigration Status 3
List A Identity and Employment Auth	OF	2	List B Identity	AND		List C Employment Authorization
Document Title View Sample Docume Permanent Resident Card (Fo	1000	Document Title		¥	Document	Title
<ul> <li>Replacement Receipt</li> <li>E-Verify Copy Required</li> </ul>						
Issuing Authority USCIS *		Issuing Authority			Issuing Au	thority
Document Number XXX1234567890 Document Number (XXX##################################		Document Number			Document	Number
Expiration Date (if any)(mm/dd/yyyy) 01/01/2020 The expiration date on this field must be record	ded, and not expired.	Expiration Date (if any)(mm	(dd/yyyy)		Expiration	Date (# any)(mm/dd/yyyy)
Document Title N/A		Additional Information			8	
ssuing Authority N/A						
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#### Once the edits have been made, click the **Sign** button to re-sign Section 2.

compliance system	IN/A			_			Se	ectio	n 2.
$\sim$	Document Title								
🐵 Dashboard	N/A								
Ø Start I-9	Issuing Authority N/A								
📁 E-Verify	Document Number								
III Reports	N/A								
🗑 Employees	Expiration Date (if any)(mm/dd/yyyy)								
C I-9 Forms	N/A								
雪 Tasks 屾 Charts & Graphs	Certification: I attest, under penalty of perjury, that (1) I had appear to be genuine and to relate to the employee named, and The employee's first day of employment (mm/dd/yyyy): 02/0	d (3) to the bes	t of my kno		nployee is	authorized t	to work in the L		ALCON INTERCORD CONTRACTOR
10 M	Signature of Employer or Authorized Representative		Date (mm/de	t/vyy):	Title of Em	ployer or Auth	orized Represent	ative	
Announcements					Trainer			1	
🕲 ICE Audit	Last Name of Employer or Authorized Representative	First Name	f Employer or	Authorized Rep	resentative	Employer's B	usiness or Organi	zation Name	
🗢 Help	Reaume	Robert				Guardian	Company	8	
i My Settings	Employer's Business or Organization Address (Street Number and Name	)		City or Town			···	State	Zip Code
2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -	3111 N Central Ave			Phoenix				AZ	* 85012
Administration				Mc.					1
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O Logout									

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When ready, click Sign to initiate the electronic signature process. It will be checked for errors automatically.



Compliance System

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Announcements
🕲 ICE Audit
🞓 Help

i My Settings m Administration

C Logout

The employee's first day of employment (mm/dd/yyyy): 02/05/2018		View planned start da	
Signature of Employer or Authorized Representative		Date (mm/dd/yyy):	
Last Name of Employer or Authorized Representative	First Name	e of Employer or Authorized	
Reaume	Robert		
Employer's Business or Organization Address (Street Number an	d Name)	City or Town	
3111 N Central Ave		Phoenix	

#### Accept the signature agreement, enter in your Password (or SSO credential), and click the Electronically Sign button.

ast Name of Employer or Authorized Representative	Flist Name of En	ployer of Authorized	1997			
leaume	Robert		Guardian Compa	iny		
mployer's Business or Organization Address (Street Number and	l Name)	City or Town		State	Zip Code	1
111 N Central Ave		Phoenix		AZ	* 85012	
				19 m 19		1

#### **Electronic Signature**

The person who physically examines the employee's original document(s) and completes this Section 2 must electronically sign as indicated below. By signing Section 2 of this Form I-9, you attest under penalty of perjury that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States.

Please read the following statement, select "I Accept" to acknowledge your agreement, and enter your Password/SSO ID to electronically sign this section 2:

I consent to provide an electronic signature in connection with this Form I-9 and understand that by typing my system Password/SSO ID below and by clicking on "I Accept" and clicking on the "Electronically Sign" button, that I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this document by hand.

🗹 l Accept 🄇	•
Password: 🤇	
•••••	Electronically Sign

Go Back

### Completing the I-9

A. . .

When ready, **Complete** the I-9.

Go Back

Delete

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Guardian	I-9 for Andrew	s, Robert					
I-9 and E-Verify Compliance System	⊽ ₹		View Employee	Refresh Update and G	o Back Update Info		
B Dashboard	Details OnDocs Issues Amendm	ents					
O Start I-9	This I-9 is ready for Completion. Sefore clicking the Mark Completed button	n, you should Review the I-9 for mistakes.					
🍽 E-Verify	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.						
I Reports	If there are mistakes in Section 1, go to Se these changes.	ction 1 and have the employee make the necessary	revisions. The employee must electron	ically re- <mark>si</mark> gn Section 1 of	the form to validate		
🔮 Employees	If there are mistakes in Section 2, go to Se	ction 2 and make the necessary revisions. You must	electronically re-sign Section 2 of the	form to validate these cha	inges.		
C I-9 Forms	and the second s	mpany representative can approve and E-Verify this	1-9 form.				
🛱 Tasks	I-9 Information	I-9 Location: Branch 1234					
🔟 Charts & Graphs	Type: Electronic I-9	I-9 Hire Date: 02/05/2018			Park This I-9		
Announcements	Version 7/17/17 Expires:				Mark Completed		
🗇 ICE Audit	Date Completed: Date approved:				$\sim$		
🞓 Help	- E-Verify						
i My Settings	EVerify Employee is eligible for E-V	/erify					
1 Administration	Print Center						
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## 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.

Table of Contents

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