



Editing an Incomplete Form I-9

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Editing an Incomplete Form I-9

Guardian allows Form I-9 to be edited prior 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 not 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.

Editing Section 1

Editing Section 1

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

Guardian Company: Reaume, Robert

Guardian

I-9 and E-Verify Compliance System



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](#)

09

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 (Family Name) Andrews	First Name (Given Name) Robert	M.I. F	Citizenship/Immigration Status 1
------------------------------	------------------------------------	-----------------------------------	-----------	-------------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
<p>Document Title</p> <input type="text"/> <ul style="list-style-type: none">U.S. PassportU.S. Passport Card-- Permanent Resident Card (Form I-551) ---- Alien Registration Receipt Card (Form I-551) ---- Foreign Passport with Temp. I-551 Stamp ---- Foreign Passport with Temp. I-551 MRIV --		<p>Document Title</p> <input type="text"/> <p>Issuing Authority</p> <input type="text"/> <p>Document Number</p> <input type="text"/> <p>Expiration Date (if any)(mm/dd/yyyy)</p> <input type="text"/>		<p>Document Title</p> <input type="text"/> <p>Issuing Authority</p> <input type="text"/> <p>Document Number</p> <input type="text"/> <p>Expiration Date (if any)(mm/dd/yyyy)</p> <input type="text"/>
<p>Additional Information ⓘ</p> <input type="text"/>				

Editing Section 1

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

Guardian Company: Reaume, Robert

Guardian
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Employer / Agent Review and Verification

To fulfill the requirements that the employee has selected either an item from

[Review Section 1 Answers](#)
[Review I-9 Form Instructions](#)

Please Note



Sorry, but the List A Doc is not valid for the employee's attestation type.

Please verify that employee has selected the correct attestation in Section 1.

09

Section 2. Employer or Authorized Representative Attestation

(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 (Family Name)	First Name (Given Name)	M I	Citizenship/Immigration Status
	Andrews	Robert	F	1

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title -- Permanent Resident Card (Form I-5...		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date: (if any)(mm/dd/yyyy)		Expiration Date: (if any)(mm/dd/yyyy)		Expiration Date: (if any)(mm/dd/yyyy)
Document Title		Additional Information ⓘ		
Issuing Authority				

Editing Section 1

The employer determines that the employee selected the wrong attestation by mistake. To allow the employee to edit Section 1, first click **Go Back** at the bottom of Section 2.

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<input type="text"/>
Document Title <input type="text"/>
Issuing Authority <input type="text"/>
Document Number <input type="text"/>
Expiration Date (if any)(mm/dd/yyyy) <input type="text"/>

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.

The employee's first day of employment (mm/dd/yyyy): [View planned start date](#) (See instructions for exemptions)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy):	Title of Employer or Authorized Representative <input type="text" value="Trainer"/>	
Last Name of Employer or Authorized Representative <input type="text" value="Reaume"/>	First Name of Employer or Authorized Representative <input type="text" value="Robert"/>	Employer's Business or Organization Name <input type="text" value="Guardian Company"/>	
Employer's Business or Organization Address (Street Number and Name) <input type="text" value="3111 N Central Ave"/>	City or Town <input type="text" value="Phoenix"/>	State <input type="text" value="AZ"/>	Zip Code <input type="text" value="85012"/>

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

Go Back **Sign**

Editing Section 1

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



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Update and Go Back

Update Info

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I-9 Overview

This I-9 is not ready for Approval.

Section 2 has not been completed or signed by the company representative.

Section 1



Andrews, Robert

Signed: **Robert Andrews**
01/11/2018 @ 08:12:16

View Section 1

Preparer/Translator



No Assistance Provided

Signed:

View Prep

Section 2



Andrews, Robert

Hired:

Signed:

View Section 2

Documents **U.S. Passport Note:** Document Retention Required. **Not Uploaded**

Print Center



View



Employee



Preparer/Translator

Editing Section 1

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

Please Note

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 employee will then be required to make the necessary changes and electronically sign the document again.

Language: English

USCIS
Form I-9

OMB No. 1615-0047
Expires 08/31/2019

09



▶ **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 <small>(Family Name)</small>	First Name <small>(Given Name)</small>	Middle Initial	Other Last Names Used <small>(if any)</small>	
Andrews	Robert	F <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
Address <small>(Street and Number and Name)</small>	Apt Number	City or Town	State	Zip Code
123 Elm St	N/A <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Phoenix	AZ	85022
Date of Birth	U.S. Social Security No	Employee's E-mail Address	Employee's Telephone Number	
//1969	***-**-5781	N/A <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	N/A <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<input type="checkbox"/> 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.

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

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): ⓘ ⓘ

Editing Section 1

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

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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.

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

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): ⓘ ⓘ

4. An alien authorized to work until (expiration date, if applicable mm/dd/yyyy) ⓘ ⓘ

Some aliens may write "N/A" in this field. (See [instructions](#))

Aliens authorized to work must provide only 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: ⓘ

OR

2. Form I-94 Admission Number: ⓘ

OR

3. Foreign Passport Number: ⓘ

Country of Issuance: ⓘ

Signature of Employee:
Electronically Signed by R. Andrews

Date (mm/dd/yyyy):
01/11/2018

QR Code - Section 1
Do Not Write in This Space

Preparer and/or Translator Certification (check one): ⓘ

I did not use a preparer or translator ⓘ

A preparer(s) and/or translator(s) assisted the employee in completing Section 1. ⓘ

Go Back **Edit Section 1**

Editing Section 1

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

Guardian Company: Reaume, Robert

Guardian

I-9 and E-Verify
Compliance System



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123 Elm St N/A N/A Phoenix

Date of Birth

//1969

I am aware that federal law provides for im

I attest, under penalty of perjury, that I am

1. A citizen of the United States

2. A noncitizen national of the United

3. A lawful permanent resident (Alien

4. An alien authorized to work until (Expiration date, if applicable mm/dd/yyyy)

Some aliens may write "N/A" in this field. (See [instructions](#))

Aliens authorized to work must provide only 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

Date (mm/dd/yyyy):

01/11/2018

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator.

A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

WARNING

This will erase the Section 1 Signature, and allow the employee to make changes requiring section 1 to be resigned.

Do you wish to Continue?

Cancel

Continue

Employee's Telephone Number

N/A

of this form.

QR Code - Section 1
Do Not Write In This Space

Editing Section 1

Click **Launch Employee Workflow**.

Guardian Company: Reaume, Robert

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I-9 and E-Verify
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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.

Go Back

Launch Employee Workflow

Editing Section 1

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

Employee Identity

You are being asked to complete 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.

Employee Name
(First and Last)

I confirm that I am the employee named above.

Cancel

Continue as Employee

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Editing Section 1

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

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.

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

- 1. A citizen of the United States ⁱ
- 2. A noncitizen national of the United States (See [instructions](#)) ⁱ
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number): ⁱ ⁱ
- 4. An alien authorized to work until (expiration date, if applicable mm/dd/yyyy) ⁱ
Some aliens may write "N/A" in this field. (See [instructions](#))
Aliens authorized to work must provide only 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: ⁱ
 - OR
 - 2. Form I-94 Admission Number: ⁱ
 - OR
 - 3. Foreign Passport Number: ⁱ
 - Country of Issuance: ⁱ

QR Code - Section 1
Do Not Write in This Space

Preparer and/or Translator Certification (check one): ⁱ

- I did not use a preparer or translator ⁱ
- A preparer(s) and/or translator(s) assisted the employee in completing Section 1. ⁱ

Sign

Re-Signing Section 1

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

Electronic Signature

You, the employee, must sign Section 1 as described below. By signing this form, you attest under penalty of perjury that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you face severe penalties provided by law and may be subject to criminal prosecution for knowingly or willfully making 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 checkbox next to each item.

- 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 my name and date of birth in Step 1 above, providing the requested information in Step 3 below, clicking on the 'I Accept box', 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.

I 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:

Answer:

Electronically Sign

Re-Signing Section 1

read, the employee, must sign Section 1 as described below. By signing this form, you attest under penalty of perjury that the information you provide is true and correct, and you are aware that you face severe penalties provided by law and may be subject to criminal prosecution for making 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 checkboxes.

- 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 my information above, providing the requested information in Step 3 below, clicking on the 'I Accept box', and clicking on the 'Electronically Sign' button, I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this form.

I 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:

Answer:

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

Electronically Sign

Sign

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.

Re-Signing Section 1

read, the employee, must sign Section 1 as described below. By signing this form, you attest under penalty of perjury along with the citizenship or immigration status you selected, and all information and documentation you provide is correct, and you are aware that you face severe penalties provided by law and may be subject to criminal prosecution for 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 checkboxes.

- 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 my information above, providing the requested information in Step 3 below, clicking on the 'I Accept box', and clicking on the 'Electronically Sign' button, 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.

I 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 guessed. 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: What is the name of the first major city you visited?

Answer: New York

Electronically Sign

Sign

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.

Re-Signing Section 1

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.

Complete

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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Continue I-9 Process



The employee has completed Section 1 of the Form I-9. You may now continue processing the I-9.

Continue Processing I-9

Continue Processing I-9

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](#)

09

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 (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Andrews	Robert	F	3

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title View Sample Document <input type="text"/> Permanent Resident Card (Form I-551) Alien Registration Receipt Card (Form I-551) Foreign Passport with Temp. I-551 Stamp Foreign Passport with Temp. I-551 MRIV Receipt: Form I-94/I-94A w/ I-551 stamp and photo -- U.S. Passport -- -- U.S. Passport Card --		Document Title <input type="text"/>		Document Title <input type="text"/>
		Issuing Authority <input type="text"/>		Issuing Authority <input type="text"/>
		Document Number <input type="text"/>		Document Number <input type="text"/>
		Expiration Date (if any)(mm/dd/yyyy) <input type="text"/>		Expiration Date (if any)(mm/dd/yyyy) <input type="text"/>

Editing Section 2

Editing Section 2

If the I-9 has already been completed, it may be necessary to select **All Panels** from the left-hand **View** slider to display the View Section 2 button.

Guardian I-9 for Andrews, Robert

I-9 and E-Verify Compliance System



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Details OnDocs Issues Amendments

I-9 Overview

View Details:

Next Step

All Panels

View

ed button, you should click the [Review the I-9](#) link to review the final I-9 for mistakes.

ded by the employee and compare the information on those documents against the completed I-9.

I and II by viewing those sections and making changes.

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 changes will require either additional Section III entries or an entirely new I-9 form.

I-9 Information

I-9 No: **2,126,314 (Primary)**

I-9 Location: **Branch 1234**

Type: **Electronic I-9**

I-9 Hire Date: **02/05/2018**

Version: **7/17/17**

Expires:

Date Completed: **10/05/2018**

Date approved:

Park This I-9

Mark Approved

E-Verify



Employee is eligible for E-Verify

Print Center



Editing Section 2

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

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I-9 Overview

Section 2



Andrews, Robert

Hired: 02/05/2018

Signed: **Robert Reaume**
02/08/2018 @ 10:53:29

View Section 2

Permanent Resident Card (Form I-551) Note: Document Retention Required.

Upload Document

Documents



[Enlarge]

The supporting document has been uploaded to the employee's record.

I-9 Issue Counts



I-9 0

E-Verify 0

FAR 0

Special 0

Check I-9

E-Verify



Employee is eligible for E-Verify



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

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Document Number N/A	
Expiration Date: (if any) (mm/dd/yyyy) N/A	
Document Title N/A	
Issuing Authority N/A	
Document Number N/A	
Expiration Date: (if any) (mm/dd/yyyy) N/A	

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.

The employee's first day of employment (mm/dd/yyyy): 02/05/2018 (See [Instructions for exemptions](#))

Signature of Employer or Authorized Representative Electronically Signed by R. Reaume		Date (mm/dd/yyyy): 02/08/2018 @ 10:53:29	Title of Employer or Authorized Representative Trainer	
Last Name of Employer or Authorized Representative Reaume		First Name of Employer or Authorized Representative Robert	Employer's Business or Organization Name Guardian Company	
Employer's Business or Organization Address (Street Number and Name) 3111 N Central Ave		City or Town Phoenix	State AZ	Zip Code 85012

Go Back

Edit Section 2

Editing Section 2

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

Guardian

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N/A	Additional information
Issuing Authority	N/A
Document Number	N/A
Expiration Date (if any) (mm/dd/yyyy)	N/A
Document Title	N/A
Issuing Authority	N/A
Document Number	N/A
Expiration Date (if any) (mm/dd/yyyy)	N/A

WARNING [X]

This will erase the Section 2 Signature, allowing the document verifier to make changes and re-sign the form.

Do you wish to Continue?

Cancel **Continue**

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.

The employee's first day of employment (mm/dd/yyyy): 02/05/2018 (See instructions for exemptions)

Signature of Employer or Authorized Representative Electronically Signed by R. Reaume	Date (mm/dd/yyyy): 02/08/2018 @ 10:53:29	Title of Employer or Authorized Representative Trainer	
Last Name of Employer or Authorized Representative Reaume	First Name of Employer or Authorized Representative Robert	Employer's Business or Organization Name Guardian Company	
Employer's Business or Organization Address (Street Number and Name) 3111 N Central Ave	City or Town Phoenix	State AZ	Zip Code 85012

Editing Section 2

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

Guardian

I-9 and E-Verify Compliance System



Dashboard

Start I-9

E-Verify

Reports

Employees

I-9 Forms

Tasks

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09

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 (Family Name) Andrews	First Name (Given Name) Robert	M.I. F	Citizenship/Immigration Status 3
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title View Sample Document Permanent Resident Card (Form I-551) <input type="text"/> <input type="checkbox"/> Replacement Receipt ⓘ <input checked="" type="checkbox"/> E-Verify Copy Required ⓘ		Document Title <input type="text"/>		Document Title <input type="text"/>
Issuing Authority USCIS <input type="text"/>		Issuing Authority <input type="text"/>		Issuing Authority <input type="text"/>
Document Number XXX1234567890 <input type="text"/> <small>Document Number (XXX#####)</small>		Document Number <input type="text"/>		Document Number <input type="text"/>
Expiration Date: (if any)(mm/dd/yyyy) 01/01/2020 <input type="text"/> <small>The expiration date on this field must be recorded, and not expired.</small>		Expiration Date: (if any)(mm/dd/yyyy) <input type="text"/>		Expiration Date: (if any)(mm/dd/yyyy) <input type="text"/>
Document Title N/A <input type="text"/>		Additional Information ⓘ <input type="text"/>		
Issuing Authority N/A <input type="text"/>				
Document Number <input type="text"/>				

Re-Signing Section 2

Once the edits have been made, click the **Sign** button to re-sign Section 2.

Compliance System

- Dashboard
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- E-Verify
- Reports
- Employees
- I-9 Forms
- Tasks
- Charts & Graphs
- Announcements
- ICE Audit
- Help
- My Settings
- Administration
- Logout

N/A
Document Title N/A
Issuing Authority N/A
Document Number N/A
Expiration Date <i>(if any) (mm/dd/yyyy)</i> N/A

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.

The employee's first day of employment (mm/dd/yyyy): [View planned start date \(See instructions for exemptions\)](#)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy):	Title of Employer or Authorized Representative		
			<input type="text" value="Trainer"/>		
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
<input type="text" value="Reaume"/>		<input type="text" value="Robert"/>	<input type="text" value="Guardian Company"/>		
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code
<input type="text" value="3111 N Central Ave"/>			<input type="text" value="Phoenix"/>	<input type="text" value="AZ"/>	<input type="text" value="85012"/>

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

Go Back

Sign

Re-Signing Section 2

Compliance System

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The employee's first day of employment (mm/dd/yyyy): 02/05/2018 [View planned start date](#)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy):	
Last Name of Employer or Authorized Representative Reaume		First Name of Employer or Authorized Representative Robert	
Employer's Business or Organization Address (Street Number and Name) 3111 N Central Ave		City or Town Phoenix	State AZ
		Zip Code 85012	

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

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.

I Accept ⓘ

Password: ⓘ

..... **Electronically Sign**

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Completing the I-9

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

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

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: **2,126,314 (Primary)**

I-9 Location: **Branch 1234**

Type: **Electronic I-9**

I-9 Hire Date: **02/05/2018**

Version: **7/17/17**

Expires:

Date Completed:

Date approved:

Park This I-9

Mark Completed

E-Verify



Employee is eligible for E-Verify

Print Center



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.