



# Guardian I-9 Employee Portal Workflow

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# Guardian I-9 Employee Portal Workflow

Employer Hires Remote Employee



New Hire receives Section 1 Link via email



New Hire completes Section 1 remotely



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 allows the new hire to complete Section 1 remotely, before coming in for their first day of work for pay. Section 2 is then completed in-person, no later than 3 business days after their start date.

If the new hire will not be coming in-person to the hiring location consider using the **Remote Hire with Agent** workflow, which allows for remote completion of both Section 1 and Section 2. Please see the related tutorial for additional information.

# How do I begin?

Only users with access to the **Standard Interface** of Guardian have the ability to initiate the Employee Portal workflow for a new hire.

Users limited to the **Location Manager** interface cannot send the login information email to the new hire, although they can complete Section 2 for the employee once they come in for their first day. Please see the Location Manager tutorials for more information.

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.

# Creating New Employee

# Searching for Employee

From the Standard Interface click **Create New Employee.**

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Employee Group

All

Refresh All

Location

Type of I-9: [Current](#) | [Imported](#)

[Create New Employee](#)

## Top Pending I-9s

View All Analyze

	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 Pending Re-Verifications

View All Analyze

	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 Approval

View Analyze

	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 I-9s Needing Further Action

View All

	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	



# Searching for Employee

Enter the new hire's **Social Security Number** (if known), then click the **Create Employee** button.

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

## Create New Employee

Social Security Number:

Cancel

Create Employee

Create Employee without SSN

# Creating New Employee

Create New Employee

Social Security Number

First Name

Middle Name

Last Name

Start Date

Employee ID

Login Type

- Login Required:** Employee will complete Section 1 on their own; Guardian user will complete Section 2
- No Login:** Employee will complete I-9 in person
- Logins Required:** Employee will complete Section 1 on their own; remote agent will complete Section 2 via unique access link

E-Mail

If no existing employee is found, the system will prompt to create the new employee.

For an employee who may complete Section 1 remotely, but will have Section 2 completed in-person by a Guardian user, select the default **Login Required** option.

Once completed, user clicks the **Create Employee** button.

Cancel

# Emailing Login Credentials

The E-Mail will contain either a temporary **Login Link**, or a **Login Name & Password** (password provided in a separate email), depending on the organization's Administrative settings. (The login link is one-time usage unless otherwise configured).

## Email Preview

**From:** DoNotReply@lawlogix.com

**To**

randrews@email.com

**Subject**

I-9 Completion Required

**Email Body**

**B** *I* U ABC x<sub>2</sub> x<sup>2</sup> | [List Icons] | Font Size | Font Family | — Ω

Dear Robert,

Please note, a temporary access link has been generated for you to access our electronic I-9 system. The Form I-9 is a federal form used to verify the identity and work eligibility of those working in the United States. Please use the link below to complete your assigned task as soon as possible.

Thank you for your attention to this matter.

Login Link: [https://uat1.lawlogix.com/4DCGI/WEB\\_Log\\_Login/EMP/90DB2D23A67CD845B8EC5F7EF7D158DE000002643/RMLNM](https://uat1.lawlogix.com/4DCGI/WEB_Log_Login/EMP/90DB2D23A67CD845B8EC5F7EF7D158DE000002643/RMLNM)

Cancel

Send Email

# Emailing Login Credentials

The system will display a notification that **Your E-Mail was sent.**

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Robert Andrews

Your E-Mail was sent.

Employee Access

Refresh

Re-Evaluate Dashboards

Update and Go Back

Update and Go Back

Personal

Job Details

Tasks

I-9 Forms

OnDocs

**Login Info**

Custom Fields

E-Verify

## Login Information

### Contact Information

E-Mail

### Employee Login Link

[https://uat1.lawlogix.com/4DCGI/WEB\\_Log\\_Login/EMP/90DB2D23A67CD845B8EC5F7EF7D158DE0000002643/RMLNM](https://uat1.lawlogix.com/4DCGI/WEB_Log_Login/EMP/90DB2D23A67CD845B8EC5F7EF7D158DE0000002643/RMLNM)

Generate New Link

Disable Link

### Login as Employee

Click Login as Employee to login to the system as the employee.

Login as Employee

# Emailing Login Credentials



Dashboard

Start 1-9

Employee ▾

E-Verify

Reports

The details of the **Login Info** tab will vary depending on whether your organization is using the **Login Name & Password** or **Access Link** login method.

Robert Andrews

Employee Access

Refresh

Re-Evaluate Dashboards

Update and Go Back

Update Info

Go Back

Delete

Personal Job Details Tasks I-9 Forms OnDocs **Login Info** Custom Fields E-Verify

Login Information

## Contact Information

E-Mail randrews@email.com

## Login as Employee

Click Login as Employee to login to the system as the employee.

## Employee Login Link

https://uat1.lawlogix.com/4DCGI/WEB\_Log\_Login/EMP/90DB2D23A67CDNM

Generate New Link

Disable Link

**Login Name & Password Method**



**Login Information**

**Contact Information**  
E-Mail randrews@email.com

**Update Login Name & Password**  
\* New Login Name   
\* New Password   
\* Confirm Password   
 Employee Must Change Password at next Login  
 Employee May Not Login to System  
**Update Info**

\* Leave these values blank unless you need to change them. Current values are not shown for privacy.

**User Needs Help with Login**  
**Reset Password** Click the Reset Password button to generate a random password only and send an E-mail to the employee.  
**Reset Login & Password** Click the Reset Password button to generate a random password only and send an E-mail to the employee.

**Login as Employee**  
Click Login as Employee to login to the system as the employee.  
**Login as Employee**

# Creating Login for Existing Employee

# Searching for Employee

If the employee already exists in Guardian, search for and open their **Employee Record**.

This can be done by searching on the **Employees** module by **Last, First** name.

From the search results, click the employee's name.

LawLogix  
by Hyland

Dashboard Start I-9 **Employee** E-Verify Reports

Employee Search Options

Results: 9 Employees Found

Options Search by Name: Presets Results: Page 1

Employee Name	Title	I-9 Number	Employee Group	Date Hired	Location	Status
Andrews, Robert		N/A	Southwest > Arizona > Branch 5678	09/30/2020	Branch 5678	Current

# Create Login for Existing Employee

From the **Login Info** tab, ensure an **E-Mail** address is on file for the employee, and then click the **Generate New Link** button.



Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Robert Andrews

Employee Access

Refresh

Re-Evaluate Dashboards

Update and Go Back

Update Info

Go Back

Delete

Personal

Job Details

Tasks

I-9 Forms

OnDocs

Login Info

Custom Fields

E-Verify

Login Information

Contact Information

E-Mail randrews@email.com

Employee Login Link

No active link

Generate New Link

Login as Employee

Click Login as Employee to login to the system as the employee.

Login as Employee



# Emailing Login Credentials

The E-Mail will contain either a temporary **Login Link**, or a **Login Name & Password** (password provided in a separate email), depending on the organization's Administrative settings. (The login link is one-time usage unless otherwise configured).

## Email Preview

**From:** DoNotReply@lawlogix.com

**To**

randrews@email.com

**Subject**

I-9 Completion Required

**Email Body**

**B I U ABC x<sub>2</sub> x<sup>2</sup>** | | Font Size | Font Family |

Dear Robert,

Please note, a temporary access link has been generated for you to access our electronic I-9 system. The Form I-9 is a federal form used to verify the identity and work eligibility of those working in the United States. Please use the link below to complete your assigned task as soon as possible.

Thank you for your attention to this matter.

Login Link: [https://uat1.lawlogix.com/4DCGI/WEB\\_Log\\_Login/EMP/90DB2D23A67CD845B8EC5F7EF7D158DE000002643/RMLNM](https://uat1.lawlogix.com/4DCGI/WEB_Log_Login/EMP/90DB2D23A67CD845B8EC5F7EF7D158DE000002643/RMLNM)

Cancel

Send Email

# Emailing Login Credentials

The system will display a notification that **Your E-Mail was sent.**

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Robert Andrews

Your E-Mail was sent.

Employee Access

Refresh

Re-Evaluate Dashboards

Update and Go Back

Update and Go Back

Personal

Job Details

Tasks

I-9 Forms

OnDocs

Login Info

Custom Fields

E-Verify

## Login Information

### Contact Information

E-Mail

### Employee Login Link

[https://uat1.lawlogix.com/4DCGI/WEB\\_Log\\_Login/EMP/90DB2D23A67CD845B8EC5F7EF7D158DE0000002643/RMLNM](https://uat1.lawlogix.com/4DCGI/WEB_Log_Login/EMP/90DB2D23A67CD845B8EC5F7EF7D158DE0000002643/RMLNM)

Generate New Link

Disable Link

### Login as Employee

Click Login as Employee to login to the system as the employee.

Login as Employee

# Emailing Login Credentials

The details of the **Login Info** tab will vary depending on whether your organization is using the **Login Name & Password** or **Access Link** login method.



Dashboard

Start 1-9

Employee ▾

E-Verify

Reports

Robert Andrews

Employee Access

Refresh

Re-Evaluate Dashboards

Update and Go Back

Update Info

Go Back

Delete

Personal Job Details Tasks I-9 Forms OnDocs **Login Info** Custom Fields E-Verify

Login Information

## Contact Information

E-Mail

## Employee Login Link

[https://uat1.lawlogix.com/4DCGI/WEB\\_Log\\_Login/EMP/90DB2D23A67CDNM](https://uat1.lawlogix.com/4DCGI/WEB_Log_Login/EMP/90DB2D23A67CDNM)

Generate New Link

Disable Link

## Login as Employee

Click Login as Employee to login to the system as the employee.

**Login Name & Password Method** →

**Login Information**

**Contact Information**

E-Mail

**Update Login Name & Password**

\* New Login Name

\* New Password

\* Confirm Password

Employee Must Change Password at next Login

Employee May Not Login to System

\* Leave these values blank unless you need to change them. Current values are not shown for privacy.

**User Needs Help with Login**

Click the Reset Password button to generate a random password only and send an E-mail to the employee.

Click the Reset Password button to generate a random password only and send an E-mail to the employee.

**Login as Employee**

Click Login as Employee to login to the system as the employee.

# Employee Login Process Using Temporary Link

# Employee Logs into Portal

The employee will click the **Get Started** button to proceed to Section 1.

## Guardian

Welcome Robert!

### Completing Your I-9

Federal law requires all new employees hired after November 6, 1986, to complete the I-9 Employment Eligibility Verification form. As part of this process you will be asked to present original documents establishing identity and employment eligibility no later than the third day of employment.

You must complete your section of the form by 12/01/2020.

Today you will be walked through a few steps you need to take in order to complete the I-9 process including:

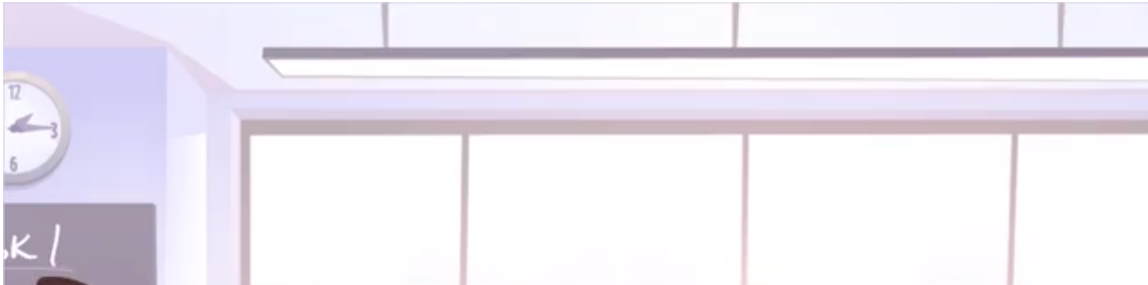
[Get Started](#)

### Did You Know

- Federal law requires all new employees hired after November 6, 1986, to complete the I-9 Employment Eligibility Verification form. As part of this process you will be asked to present original documents establishing your identity and employment eligibility.

### Need Help?

Need more help? Watch the video below for a more in-depth look at completing your I-9.

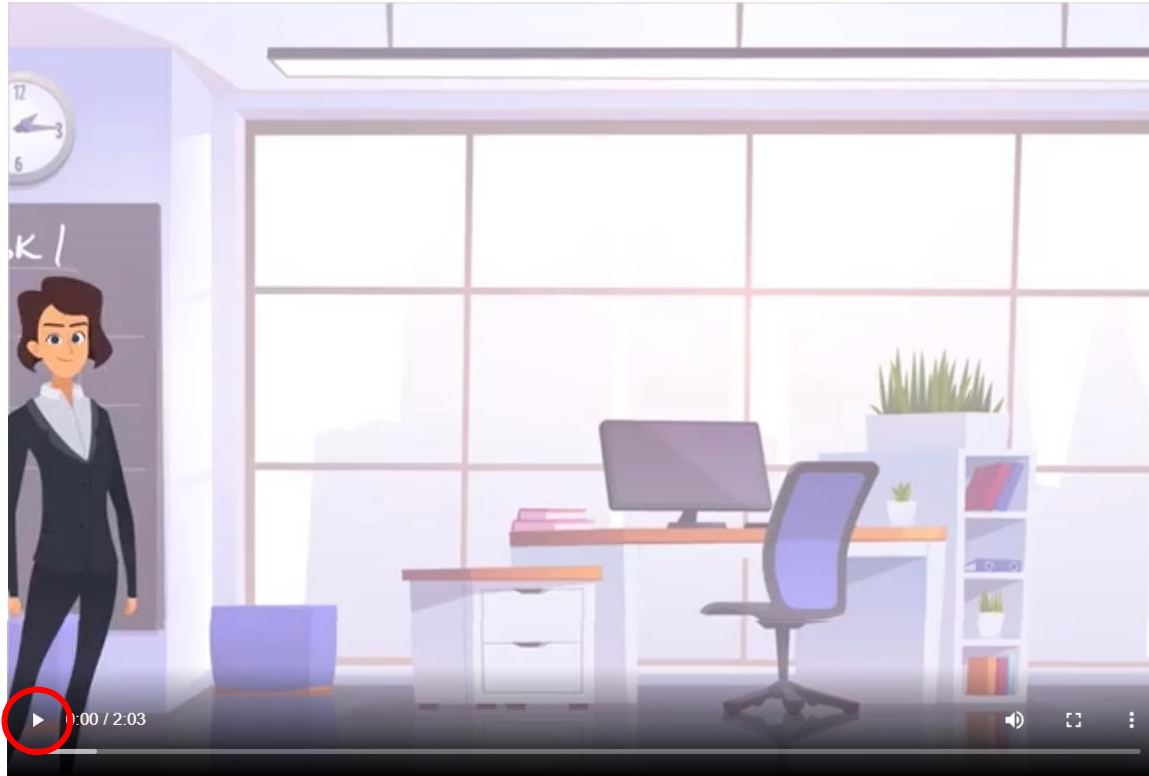


# Employee Logs into Portal

The employee has the option of viewing an instructional video before proceeding to Section 1.

## Need Help?

Need more help? Watch the video below for a more in-depth look at completing your I-9.



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

[Table of Contents](#)

# 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 a 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 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 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

ring 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

[Table of Contents](#)



# 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. 1615-004  
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				

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"/>
Fecha de Nacimiento: <input type="checkbox"/>			En espera de la emisión del número <input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/> 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



[Table of Contents](#)

# 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 authorized 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

▶ **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 
Date of Birth: 			<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.





















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 
Date of Birth: 	<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

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

## 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 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 you provided to your employer, 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.

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 you provided to your employer, 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.

# 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. 188804

**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

E-mail Address \*

Robert.Andrews@test.com

**Electronically Sign**

# Completing Section 1

Guardian

The employee is presented with the **Lists of Acceptable Documents** to review, then clicks the **Next** button.

## Confirm Document Availability

As part of the I-9 process you will need to provide one or more *original* documents that confirm your identity and employment eligibility. Please review the list below to determine which document or documents you will be bringing with you to show the verifier.

Click the **Chart** link for additional guidelines on which documents may be applicable for you.

Note: The document verifier may not require you to present any specific document(s) from the list. However, if your information is to be submitted to E-Verify, you are permitted to present a list B document only if it contains a photo.



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### 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.


*For USCIS guidelines on which documents are acceptable, see this [Chart](#)*

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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-795)		4. Voter's registration card		4. Native American tribal document
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. U.S. Citizen ID Card (Form I-197)
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		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		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		

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

# Completing Section 1

## Guardian

 You're Done!

### Next Steps

In order to finish your Form I-9, you will meet with an individual who will review your documents and complete Section 2.

Please be sure to bring your document or documents (originals only) identified in the previous step when you meet with the verifier.

You may now close this window.

The system then notifies the employee that the next step is to meet with their employer to complete Section 2. The employee now closes their browser window.

# Completing Section 2

Back on the **Standard Interface**, the **Top Pending I-9's** Dashboard panel is useful for monitoring incomplete I-9's. Click the **Date I-9 Created** for the desired employee.



Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Employee Group

All

Refresh All

Location

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
	09/21/2020	Branch 5678:	Andrews, Robert	Signed Sec 1	09/30/2020	10/05/2020
	08/13/2020	Tempe:	Goodell2, Elaine	Started	03/24/2020	03/27/2020
	08/07/2020	No E-Verify:	Doe, John	Started	09/01/2020	09/04/2020
	06/17/2020	Branch 5678:	Dfgfdg, Dfgfdg	Started	07/01/2020	07/06/2020
	05/29/2020	No E-Verify:	Scott, Scott	Started	10/01/2017	10/04/2017
	05/29/2020	Branch 5678:	fdgfdg, fdgfdg	Started	05/29/2020	06/03/2020
	05/28/2020	Branch 5678:	sdfsdf, sdfsdf	Started	05/28/2020	06/02/2020
	05/28/2020	Branch 5678:	fdgfdg, dfgdfigfd	Signed Sec 1	05/28/2020	06/02/2020
	05/11/2020	Branch 5678:	Sddsfdsf, Sdfdsfsdf	Started	06/01/2020	06/04/2020

## 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
	03/25/2020	No E-Verify:	Smith, John	Physical	07/07/2020	-76

# Completing Section 2

Alternatively, search for the Employee from the **Employees** tab at the top and open their I-9.

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Employee Group

All

Refresh All

Location

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	
	09/21/2020	Branch 5678:	Andrews, Robert	Signed Sec 1	09/30/2020	10/05/2020	
	08/13/2020	Tempe:	Goodell2, Elaine	Started	03/24/2020	03/27/2020	
	08/07/2020	No E-Verify:	Doe, John	Started	09/01/2020	09/04/2020	
	06/17/2020	Branch 5678:	Dfgfdg, Dfgfdg	Started	07/01/2020	07/06/2020	
	05/29/2020	No E-Verify:	Scott, Scott	Started	10/01/2017	10/04/2017	
	05/29/2020	Branch 5678:	fdgfdg, fdgfdg	Started	05/29/2020	06/03/2020	
	05/28/2020	Branch 5678:	sdfsdf, sdfsdf	Started	05/28/2020	06/02/2020	
	05/28/2020	Branch 5678:	fdgfdg, dfgdfgfd	Signed Sec 1	05/28/2020	06/02/2020	
	05/11/2020	Branch 5678:	Sddsfsdf, Sdfsdfsdf	Started	06/01/2020	06/04/2020	

## 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	
	03/25/2020	No E-Verify:	Smith, John	Physical	07/07/2020	-76	



# Completing Section 2

On the employee's I-9 **Details** tab we can see that Section 1 was completed and signed by the employee.

## I-9 for Andrews, Robert

View Employee

Refresh

Update and Go Back

Update Info

Go Back

Delete

Details

OnDocs

Issues

Amendments

### 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**  
09/21/2020 @ 07:09:14

View Section 1

#### Preparer/Translator

No Assistance Provided

Signed:

View Prep

#### Section 2

Andrews, Robert

Hired:

Signed:

View Section 2

#### Print Center



View



Employee



Preparer/Translator

# Completing Section 2

Click the **View Section 2** button.

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

OnDocs

Issues

Amendments

### 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**  
09/21/2020 @ 07:09:14

View Section 1

#### Preparer/Translator

No Assistance Provided

Signed:

View Prep

#### Section 2

Andrews, Robert

Hired: Signed:

View Section 2

#### Print Center



View



Employee



Preparer/Translator

# Completing Section 2

Click **Review Section 1 Answers** to view the I-9 information entered by the employee.



## Employer / Agent Review and Verification

To fulfill the requirements of the I-9 form, please inspect that the employee has provided. Find the corresponding document and select either an item from List A or items from both List B and List C.

10

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

(Employers or their authorized representative must complete and sign Section 2. You must physically examine one document from List A OR a combination of one document from List B and one document from List C.)

Employee Info from Section 1	Last Name (Family Name) Andrews
------------------------------	------------------------------------

#### List A Identity and Employment Authorization OR

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

### Section I 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

- US Citizen**
- Noncitizen National of the US**
- Lawful Permanent Resident**
- An Alien Authorized to Work Until**

Authorized to Work until:  
Alien no.: **N/A**  
I-94 Admission no.: **N/A**

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

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

# Completing Section 2

Click **Review I-9 Form Instructions** to access USCIS Form I-9 instructions.



## Employer / Agent Re

To fulfill the requirements of t  
that the employee has provide  
select either an item from List

10

### Section 2. Employer or Authorized Re

(Employers or their authorized representative m  
document from List A OR a combination of one d

#### Employee Info from Section 1

Last  
And

#### List A Identity and Employment Authorization

Document Title

Issuing Authority

Document Number

Expiration Date (if any)(mm/dd/yyyy)

USCIS Form I-9 Instructi x

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 09/31/2019

**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/crt/about/osc](http://www.justice.gov/crt/about/osc).

**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 citizens and noncitizens) 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 § 1524a 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/form/i-9.pdf>. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to 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 store the page containing the Lists of Acceptable Documents.

Review Section 1 Answers  
Review I-9 Form Instructions

ment. You must physically examine one  
ments")

Relationship/Immigration Status

List C  
Employment Authorization

(any)(mm/dd/yyyy)

# Completing Section 2

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

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	
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	
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	
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	
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	
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	
		6. Military dependent's ID card	
		7. U.S. Coast Guard Merchant Mariner Card	
		8. Native American tribal document	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-84 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
		AND	
		LIST C Documents that Establish Employment Authorization	
		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. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
		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. Native American tribal document	
		6. U.S. Citizen ID Card (Form I-197)	
		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		8. Employment authorization document issued by the Department of Homeland Security	

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

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

ibility documents  
w. You will need to  
ed information.

employee's first day of employment. You must physically examine one of the **Lists of Acceptable Documents**.

e)	M.I.	Citizenship/Immigration Status
	N/A	1
AND		LIST C Employment Authorization
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"/>		

# Completing Section 2

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



## Employer / Agent Review and Verification

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

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.

10

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

<b>Employee Info from Section 1</b>	Last Name (Family Name) Andrews	First Name (Given Name) Robert	M.I. N/A	Citizenship/Immigration Status 1
-------------------------------------	------------------------------------	-----------------------------------	-------------	-------------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <input type="text"/>		Document Title <input type="text"/>		Document Title <input type="text"/>
Issuing Authority <input type="text"/>		Issuing Authority <input type="text"/>		Issuing Authority <input type="text"/>
Document Number <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"/>		Expiration Date (if any)(mm/dd/yyyy) <input type="text"/>

# Completing Section 2

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



## 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](#)

10

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

<b>Employee Info from Section 1</b>	Last Name (Family Name) Andrews	First Name (Given Name) Robert	M.I. N/A	Citizenship/Immigration Status 1
-------------------------------------	------------------------------------	-----------------------------------	-------------	-------------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <input type="text"/>		Document Title <input type="text"/>		Document Title <input type="text"/>
Issuing Authority <input type="text"/>		Issuing Authority <input type="text"/>		Issuing Authority <input type="text"/>
Document Number <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"/>		Expiration Date (if any)(mm/dd/yyyy) <input type="text"/>

# Completing Section 2

List A  
Identity and Employment Authorization

OR

List B  
Identity

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

- U.S. Passport Card
- U.S. Passport
- Alien Registration Receipt Card (Form I-551) --
- Permanent Resident Card (Form I-551) --
- Foreign Passport with Temp. I-551 Stamp --
- Foreign Passport with Temp. I-551 MRIV --
- Employment Authorization Document (Form I-766) --
- Foreign Passport, I-94/I-94A, and I-20 --
- Foreign Passport and I-94/I-94A --

Documents inconsistent with the employee's status will either be listed between a set of two dashes ( -- ) or will not be listed at all, depending on your Guardian site configuration.



# Completing Section 2

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

List A OR List B AND List C

Identity and Employment Authorization Employment Authorization

Document Title  
-- Permanent Resident Card (For

Issuing Authority

Document Number

Expiration Date (if any)(mm/dd/yyyy)

Document Title

Issuing Authority

Document Number

Expiration Date (if any)(mm/dd/yyyy)

Document Title

Additional Information ⓘ

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.

# Completing Section 2

Dashboard

Start 1-9

Employee ▾

E-Verify

Reports

List A  
Identity and Employment Authorization

OR

List B  
Identity

Document Title	<a href="#">View Sample Document</a>
Document Title	U.S. Passport
<input type="checkbox"/> Replacement Receipt ⓘ	
<input type="checkbox"/> E-Verify Copy Required ⓘ	
Issuing Authority	U.S. Department of State
Document Number	
U.S. Passport Number	
Expiration Date (if any)(mm/dd/yyyy)	
<i>The expiration date on this field must be recorded, and not</i>	
Document Title	N/A
Issuing Authority	N/A
Document Number	N/A
Expiration Date (if any)(mm/dd/yyyy)	

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

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

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

# Completing Section 2

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <a href="#">View Sample Document</a> U.S. Passport ▾		Document Title ▾		Document Title ▾
<input type="checkbox"/> Replacement Receipt ⓘ				
E-Verify Copy Required ⓘ				
Issuing Authority U.S. Department of State		Issuing Authority ▭		Issuing Authority ▭
Document Number 123456789		Document Number ▭		Document Number ▭
U.S. Passport Number				
Expiration Date (if any)(mm/dd/yyyy) 01/01/2025 <small>The expiration date on this field must be recorded, and not expired.</small>		Expiration Date (if any)(mm/dd/yyyy) ▭		Expiration Date (if any)(mm/dd/yyyy) ▭
Document Title N/A		Additional Information ⓘ ▭		
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) ▭				

# Completing Section 2

**List A**  
Identity and Employment Authorization

Document Title

Issuing Authority

Document Number

Expiration Date (if any)(mm/dd/yyyy)

**List B**  
Identity

Document Title [View Sample Document](#)

Replacement Receipt ⓘ

I Confirm List B Document Contains Valid Photo ⓘ

Issuing Authority

Document Number

Expiration Date (if any)(mm/dd/yyyy)

*The expiration date on this field must be recorded, and not expired.*

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).

Document Title

Issuing Authority

Document Number

Expiration Date (if any)(mm/dd/yyyy)

Additional Information ⓘ

# Completing Section 2

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.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <input type="text"/>		Document Title <a href="#">View Sample Document</a> <input type="text" value="US Driver's License"/> <input type="checkbox"/> Replacement Receipt ⓘ <input checked="" type="checkbox"/> I Confirm List B Document Contains Valid Photo ⓘ		Document Title <input type="text"/>
Issuing Authority <input type="text"/>		Issuing Authority <input type="text" value=""/>		Issuing Authority <input type="text"/>
Document Number <input type="text"/>		Document Number <input type="text" value=""/>		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" value=""/> <small>The expiration date on this field must be recorded, and not expired.</small>		Expiration Date (if any)(mm/dd/yyyy) <input type="text"/>
Document Title <input type="text"/>		Additional Information ⓘ <input type="text"/>		
Issuing Authority <input type="text"/>				
Document Number <input type="text"/>				
Expiration Date (if any)(mm/dd/yyyy) <input type="text"/>				

# Completing Section 2

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.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <a href="#">View Sample Document</a> U.S. Passport <input checked="" type="checkbox"/> Replacement Receipt ⓘ E-Verify Copy Required ⓘ		Document Title		Document Title
Issuing Authority U.S. Department of State		Issuing Authority		Issuing Authority
Document Number Receipt: 123456789 ⓘ <i>U.S. Passport Number</i>		Document Number		Document Number
Expiration Date <i>(if any)(mm/dd/yyyy)</i> 12/20/2020 <i>Auto-calculated based on validity of receipt</i>		Expiration Date <i>(if any)(mm/dd/yyyy)</i>		Expiration Date <i>(if any)(mm/dd/yyyy)</i>
Document Title N/A		Additional Information ⓘ		
Issuing Authority N/A				
Document Number N/A				
Expiration Date <i>(if any)(mm/dd/yyyy)</i>				

# Completing Section 2

List A  
Identity and Employment Authorization

OR

List B  
Identity

Document Title [View Sample Document](#)

U.S. Passport

Replacement Receipt ⓘ

E-Verify Copy Required ⓘ

Issuing Authority

U.S. Department of State

Document Number

Receipt: 123456789 ⓘ

U.S. Passport Number

Expiration Date (if any)(mm/dd/yyyy)

12/20/2020

Auto-calculated based on validity of receipt

Document Title

N/A

Issuing Authority

N/A

Document Number

N/A

Expiration Date (if any)(mm/dd/yyyy)

## 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

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

Additional Information ⓘ

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.

**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
--	--------------------	--



# Completing Section 2

Enter in the employee's first day of employment. Optionally, click **View planned start date.**

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

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):  [View planned start date](#) (See instructions for exemptions)

Signature of Employer or Authorized Representative

Date (mm/dd/yyyy):

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 - Robert's Site

Employer's Business or Organization Address (Street Number and Name)

456 Business Ln

City or Town

Phoenix

State

AZ

Zip Code

85022

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

# Completing Section 2

If the planned start date is correct, click **Insert Planned Date**. Otherwise, click **Insert Another Date** and enter it manually into Section 2.

Document Title

N/A

Issuing Authority

N/A

Document Number

N/A

Expiration Date (if any)(mm/dd/yyyy)

N/A

## Planned Start Date

Below is the planned start date for this employee. If the date is correct, click 'Insert Planned Date' to insert the date in section 2 of Form I-9. If the start date has changed, click 'Insert Another Date' and enter the date directly on the form.

Planned Start Date: 09/30/2020

**Insert Planned Date**

**Insert Another Date**

**Certification:** I attest, under penalty of perjury, that (1) the above-listed document(s) appear to be genuine and to relate to the employee named, and (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

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 - Robert's Site

Employer's Business or Organization Address (Street Number and Name)

456 Business Ln

City or Town

Phoenix

State

AZ

Zip Code

85022

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

# Signing Section 2

Dashboard

Start 1-9

Employee ▾

E-Verify

Reports

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): 09/30/2020  [View planned start date](#) (See instructions for exemptions)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy):	Title of Employer or Authorized Representative		
			Trainer		
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Reaume		Robert		Guardian Company - Robert's Site	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code
456 Business Ln			Phoenix	AZ	85022

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

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 top navigation menu.

# Signing Section 2

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

Document Title	<input type="text" value="N/A"/>
Issuing Authority	<input type="text" value="N/A"/>
Document Number	<input type="text" value="N/A"/>
Expiration Date <small>(if any)(mm/dd/yyyy)</small>	<input type="text" value="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="Reaume"/>		<input type="text" value="09/30/2020"/>	<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 - Robert's Site"/>		
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code
<input type="text" value="456 Business Ln"/>			<input type="text" value="Phoenix"/>	<input type="text" value="AZ"/>	<input type="text" value="85022"/>

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

[Go Back](#) [Sign](#)

# 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**.

Dashboard	Start I-9	Employee ▾	E-Verify	Reports	
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy):	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative Reaume		First Name of Employer or Authorized Representative Robert	Employer's Business or Organization Name Guardian Company - Robert's Site		
Employer's Business or Organization Address (Street Number and Name) 456 Business Ln		City or Town Phoenix	State AZ	Zip Code 85022	

## 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**

Go Back

# Document Retention



## Document Retention Required



Our Organization maintains copies of the documents provided by the employee. Please ensure that all documents are properly stored and retained.

**Note:** Document uploads are limited to 5 MB.

## U.S. Passport



### U.S. Passport- ID Page

Select File

**Upload Document**

See Document Example



### U.S. Passport-

Select File

**Upload Document**

See Document Example

U.S. Passport

**U.S. Passport- ID Page**  
Select File  
**Upload Document**  
See Document Example

**U.S. Passport- Barcode Page**  
Select File  
**Upload Document**  
See Document Example

Confirmation

**Information** Copies of the document(s) specified above must be retained to meet I-9 and/or E-Verify compliance requirements. However, if you are unable to upload the documentation at this moment, please select the checkbox below in order to proceed. The I-9 process will remain incomplete.

No, I am unable to upload document copies at this time.

**Proceed**

If **Document Retention** is required, click the **Upload Document** button(s) 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 Re

If the employee is subject to E-Verify, users will be required to upload the front *and* back of documents that require **DHS Photo Matching** during the E-Verify submission.

LawLogix  
by Hyland

Dashboard

Start I-9

Employee ▾



Document Retention Required



Our Organization maintains copies of documents for each employee provided.

**Note:** Document uploads are limited to 5 MB.

- These documents are:
1. **U.S. Passport/Passport Card**
  2. **I-765 Employment Authorization Document (EAD Card)**
  3. **I-551 Permanent Resident Card (Green Card)**

U.S. Passport



**U.S. Passport- ID Page**

Select File

Upload Document

See Document Example



**U.S. Passport- Barcode Page**

Select File

Upload Document

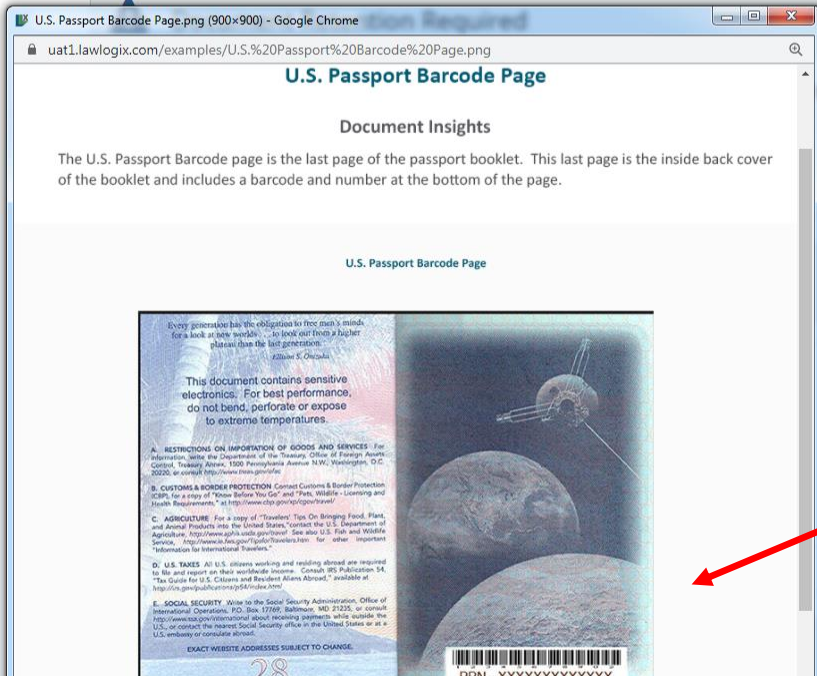
See Document Example

Confirmation

# Document Retention

If desired, click **See Document Example** to review a sample of the document requiring retention.

...e employee. Please upload a legible copy of the document(s) the

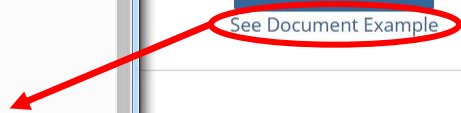


### U.S. Passport- Barcode Page

Select File

Upload Document

See Document Example





# Document Retention

After clicking **Upload Document**, click **Select File** to locate the supporting document(s).

Dashboard

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Docu



) the

## Upload File

Use the **Select File** button to locate the supporting document image. Note: The file name must be 78 characters or less and must not contain additional periods (aside from the file extension) or slashes. Files must be less than 5MB in size.

Select File

Close

Upload Document

See Document Example

Upload Document

See Document Example

U.S. Passp



Confirmation

# Document Retention

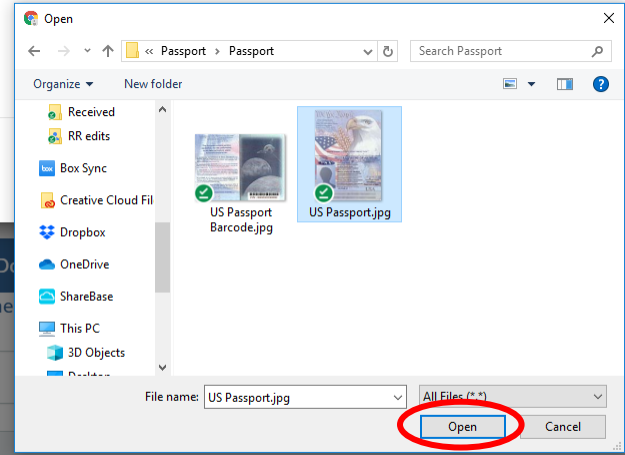
From the browse window, select the appropriate file and click the **Open** button.

### Upload File

Use the **Select File** button to locate the supporting document image. Note: The file name must be 78 characters or less and must not contain additional periods (aside from the file extension) or slashes. Files must be less than 5MB in size.

**Select File**

**Close**



# Document Retention

The file name of the selected document will appear in the window. Click the **Upload** button.

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## Upload File

Use the **Select File** button to locate the supporting document image. Note: The file name must be 78 characters or less and must not contain additional periods (aside from the file extension) or slashes. Files must be less than 5MB in size.

Select File

US Passport.jpg

Upload

Close

See Document Example

See Document Example

Confirmation

# Document Retention

Click the **Close** button after the file has been successfully uploaded.

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## Upload File

Use the **Select File** button to locate the supporting document image. Note: The file name must be 78 characters or less and must not contain additional periods (aside from the file extension) or slashes. Files must be less than 5MB in size.

Select File

US Passport.jpg

Upload

Close

See Document Example

See Document Example

Confirmation

# Document Retention

## U.S. Passport



The document has been uploaded



Delete

### U.S. Passport- Barcode Page

Select File

Upload Document

See Document Example

A thumbnail of the uploaded document will be displayed for **image** file types (i.e., JPG files).

Thumbnails will not be displayed for uploaded PDF files.

# Document Retention

If needed, continue to upload additional documents for retention.

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## U.S. Passport



The document has been uploaded



Delete

### U.S. Passport- Barcode Page

Select File

Upload Document

See Document Example

# Document Retention

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



Delete



Delete

## Confirmation



Thank you for providing the required documentation.

Proceed

# Complete & Approve the I-9

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

LawLogix  
by Hyland

Dashboard

Start I-9

Employee

I-9 for Andrews, Robert

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 them to the information on the form.

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 changes. Once completed, you or your authorized company representative can approve the 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:

## E-Verify

Employee is eligible for E-Verify

Print Center

Form - Google Chrome  
uat1.guardiandocuments.com/getdoc/6A466FC88B199D43B4B9697C2D9C520A

**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) <b>Andrews</b>	First Name (Given Name) <b>Robert</b>	Middle Initial <b>N/A</b>	Other Last Names Used (if any) <b>N/A</b>	
Address (Street Number and Name) <b>123 Elm St</b>	Apt. Number <b>N/A</b>	City or Town <b>Phoenix</b>	State <b>AZ</b>	ZIP Code <b>85022</b>
Date of Birth (mm/dd/yyyy) <b>01/01/1990</b>	U.S. Social Security Number <b>799-44-2857</b>	Employee's E-mail Address <b>N/A</b>	Employee's Telephone Number <b>N/A</b>	

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 until (expiration date, if applicable, mm/dd/yyyy): **N/A**  
Some aliens may write "N/A" in the expiration date 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** Today's Date (mm/dd/yyyy) **09/21/2020**

**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. (Fields 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

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of the form to validate changes.

Park This I-9

Mark Completed

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# Complete & Approve the I-9

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

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## I-9 for Andrews, Robert



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### 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.



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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

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.

Dashboard

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Employee ▾

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## I-9 for Andrews, Robert



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### 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

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

Dashboard

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## 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](#)

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# 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.