



# Guardian I-9 Kiosk Workflow

# Table of Contents

1. <a href="#">When would I use this Workflow?</a> .....	4
2. <a href="#">FAQ</a> .....	5
3. <a href="#">Kiosk Home Screen</a> .....	8
4. <a href="#">Kiosk Employee Search</a> .....	9
5. <a href="#">Completing Section 1</a> .....	11
6. <a href="#">Completing Section 2</a> .....	28

# Table of Contents

7. <u>Document Retention</u> .....	52
8. <u>Complete &amp; Approve the I-9</u> .....	62
9. <u>What's next?</u> .....	67

# When would I use this Workflow?

This workflow would be used to have a new hire **self-complete** Section 1 **on-site**, as well as self-create their employee and I-9 record within Guardian (if not already created). Section 2 would then be completed in-person by a Guardian user.

If the new hire will not be coming on-site to the hiring location consider using either the **Employee Portal** or **Remote Hire with Agent** workflow. Please see the related tutorials for additional information.

If you would prefer the new hire complete Section 1 in-person with Guardian user please see the **In-Person Workflow** tutorial.

# FAQ

## ➤ **What is the Guardian Kiosk?**

The Kiosk feature within Guardian provides a portal, by means of a unique URL (web address) for your organization, that employees may use to self-create their employee and I-9 record within Guardian, as well as complete Section 1.

## ➤ **How do I activate the Kiosk feature?**

The Kiosk feature is available to all organizations and can be configured with minimal effort from the Administration settings within Guardian. Please contact your Implementation Consultant or the LawLogix Customer Support team if you need assistance.

# FAQ

## ➤ **What Group/Class/Location are self-created employees assigned to?**

Use of the Kiosk feature requires selecting default assignments for employees that are self-created. Employees can be reassigned appropriately if they do not belong to the default assignments.

## ➤ **How do employees use the Kiosk?**

With the Kiosk URL loaded, employees provide their name and Social Security Number to begin. If not already in Guardian, their employee and I-9 record are created. They then complete Section 1 of the I-9.

# FAQ

## ➤ **Why is a Social Security Number required to use the Kiosk?**

The Kiosk uses the SSN to uniquely identify each employee record and prevent the creation of duplicate records within Guardian. If an employee does not have a Social Security Number they will be unable to utilize the Kiosk.

## ➤ **Can the Kiosk be used if the employee has already been created?**

Yes, the Kiosk feature can be used even when the employee record has already been created within Guardian. The Kiosk will recognize the employee by their SSN and take them to the next step of the I-9 process.

# Kiosk Home Screen



The home screen of the **Kiosk** provides an **English** and **Spanish** option. Employees begin by clicking one of the provided buttons.

## English



In 1986, Congress reformed U.S. immigration laws, requiring all new employees to fill out the I-9 Form.

The Form I-9 helps employers to verify individuals who are authorized to work in the United States. You must complete a Form I-9 to establish employment eligibility in the United States.

[Continue in English](#)

## Español



En 1986, el Congreso reformó U.S. las leyes de inmigración, que requieren todos los nuevos empleados para llenar el formulario I-9.

El Formulario I-9 ayuda a los empleadores para verificar las personas que estén autorizados a trabajar en los Estados Unidos. Usted debe completar el Formulario I-9 para establecer la elegibilidad de empleo en los Estados Unidos.

[Continuar en Español](#)



# Kiosk Employee Search



The employee enters in their **First Name, Last Name** and **Social Security Number**. SSN is required to use the Kiosk.



To Continue, please enter your name and social security number.

<b>First Name</b>	<input type="text" value="Michael"/>
<b>Last Name</b>	<input type="text" value="Jones"/>
<b>Social Security Number</b>	<input type="text" value="799-24-5491"/>

Continue

# Kiosk Employee Search



The employee then clicks the **Continue** button. The employee will be created if their employee record was not yet in the Guardian system.



To Continue, please enter your name and social security number.

**First Name**

Michael

**Last Name**

Jones

**Social Security Number**

799-24-5491

Continue

# Completing Section 1

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

08



▶ **START HERE. Read instructions** carefully before completing this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate in employment authorization and identity. The refusal to hire or to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Attestation (Employer)

Last Name (Family Name) <sup>i</sup>

Address (Street and Number and Name) <sup>i</sup>

Date of Birth (mm/dd/yyyy) <sup>i</sup>

I am aware that federal law provides for imprisonment and/or fines for providing false information.

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

1. A citizen of the United States <sup>i</sup>

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 08/31/2019

**Anti-Discrimination Notice.** It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization and identity. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSCEI) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TTY), or visit [www.justice.gov/crt/about/oscei](http://www.justice.gov/crt/about/oscei).

**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 (i) 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/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.

Language: English

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

ally, during completion of this form. Employers are document(s) an employee may present to establish as a future expiration date may also constitute illegal payment, but not before accepting a job offer.)

Middle Initial <sup>i</sup>	Other Last Names Used (if any) <sup>i</sup>
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
State <sup>i</sup>	Zip Code <sup>i</sup>
<input type="text"/>	<input type="text"/>
Employee's Telephone Number <sup>i</sup>	
<input type="text"/>	<input type="checkbox"/> N/A

completion of this form.

# Completing Section 1

If incorrectly selected from the **Kiosk** home screen, the **Language** option can be changed.

08



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

Language: Spanish

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.

**COMIENZE AQUÍ.** Lea las instrucciones cuidadosamente antes de completar este formulario. Las instrucciones deben estar disponibles mientras completa este formulario.

**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.

**NOTIFICACIÓN CONTRA LA DISCRIMINACIÓN:** Se considera ilegal discriminar a cualquier individuo autorizado a trabajar. Los empleadores **NO PUEDEN** especificar qué documentos aceptarán de parte de un empleado. Negarse a contratar a un individuo debido a que la documentación presentada tiene una fecha de vencimiento futura también podría constituir un acto discriminatorio ilegal.

<b>Section 1. Employee Information and Attestation</b> <i>(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.)</i>				
<b>Sección 1. Información y declaración del empleado</b> <i>(Los empleados deben completar y firmar la Sección 1 del Formulario I-9 a más tardar el primer día de empleo, pero no antes de aceptar una oferta de trabajo.)</i>				
Last Name (Family Name) <i>i</i>		First Name (Given Name) <i>i</i>		Middle Initial <i>i</i>
<input type="text"/>		<input type="text"/>		<input type="text"/> <input type="checkbox"/> N/A
Address (Street and Number and Name) <i>i</i>			Apt Number <i>i</i>	City or Town <i>i</i>
<input type="text"/>			<input type="text"/> <input type="checkbox"/> N/A	<input type="text"/>
Date of Birth (mm/dd/yyyy) <i>i</i>		U.S. Social Security No. <i>i</i>		Employee's E-mail Address <i>i</i>
<input type="text"/>		<input type="text"/>		<input type="text"/> <input type="checkbox"/> N/A
State <i>i</i>			Zip Code <i>i</i>	
<input type="text"/>			<input type="text"/>	
Employee's Telephone Number <i>i</i>				
<input type="text"/> <input type="checkbox"/> N/A				

# Completing Section 1

Employee or Preparer/Translator enters the employee information.

08



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

Language: English

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) <i>i</i>		First Name (Given Name) <i>i</i>		Middle Initial <i>i</i>	Other Last Names Used (if any) <i>i</i>	
<input type="text"/>		<input type="text"/>		<input type="text"/> <input type="checkbox"/> N/A	<input type="text"/> <input type="checkbox"/> N/A	
Address (Street and Number and Name) <i>i</i>		Apt Number <i>i</i>	City or Town <i>i</i>		State <i>i</i>	Zip Code <i>i</i>
<input type="text"/>		<input type="text"/> <input type="checkbox"/> N/A	<input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) <i>i</i>		U.S. Social Security No. <i>i</i>		Employee's E-mail Address <i>i</i>		Employee's Telephone Number <i>i</i>
<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>		<input type="text"/> <input type="checkbox"/> N/A		<input type="text"/> <input type="checkbox"/> N/A
		<input type="checkbox"/> Awaiting Issuance of SSN <i>i</i>				

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

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

1. A citizen of the United States *i*

# Completing Section 1

Help text is available when clicking a field, or by clicking the **Information** buttons next to each field.

08



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

Language: English

**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.

<b>Your legal last name (or 'Family' Name)</b> <small>(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.)</small>				
Last Name (Family Name) <i>i</i>	First Name (Given Name) <i>i</i>	Middle Initial <i>i</i>	Other Last Names Used (if any) <i>i</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> N/A	<input type="text"/> <input type="checkbox"/> N/A	
Address (Street and Number and Name) <i>i</i>	Apt Number <i>i</i>	City or Town <i>i</i>	State <i>i</i>	Zip Code <i>i</i>
<input type="text"/>	<input type="text"/> <input type="checkbox"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) <i>i</i>	U.S. Social Security No. <i>i</i>	Employee's E-mail Address <i>i</i>	Employee's Telephone Number <i>i</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> N/A	<input type="text"/> <input type="checkbox"/> N/A	
<input type="checkbox"/> Awaiting Issuance of SSN <i>i</i>				

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):

# Completing Section 1

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.

08



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

► **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) <sup>i</sup>		First Name (Given Name) <sup>i</sup>		Middle Initial <sup>i</sup>	Other Last Names Used (if any) <sup>i</sup>	
<input type="text"/>		<input type="text"/>		<input type="text"/> <input type="checkbox"/> N/A	<input type="text"/> <input type="checkbox"/> N/A	
Address (Street and Number and Name) <sup>i</sup>		Apt Number <sup>i</sup>	City or Town <sup>i</sup>		State <sup>i</sup>	Zip Code <sup>i</sup>
<input type="text"/>		<input type="text"/> <input type="checkbox"/> N/A	<input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) <sup>i</sup>		U.S. Social Security No. <sup>i</sup>		Employee's E-mail Address <sup>i</sup>		Employee's Telephone Number <sup>i</sup>
<input type="text"/>		<input type="text"/>		<input type="text"/> <input type="checkbox"/> N/A		<input type="text"/> <input type="checkbox"/> N/A
		<input type="checkbox"/> Awaiting Issuance of SSN <sup>i</sup>				

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

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

1. A citizen of the United States <sup>i</sup>

# Completing Section 1

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

08



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

Language: English

**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 <i>(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.)</i>					
Last Name (Family Name) <sup>i</sup>		First Name (Given Name) <sup>i</sup>		Middle Initial <sup>i</sup>	Other Last Names Used (if any) <sup>i</sup>
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Address (Street and Number and Name) <sup>i</sup>		Apt Number <sup>i</sup>	City or Town <sup>i</sup>	State <sup>i</sup>	Zip Code <sup>i</sup>
<input type="text"/>		<input type="checkbox"/> N/A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) <sup>i</sup>		U.S. Social Security No. <sup>i</sup>	Employee's E-mail Address <sup>i</sup>		Employee's Telephone Number <sup>i</sup>
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
		<input type="checkbox"/> Awaiting Issuance of SSN <sup>i</sup>			

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

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

1. A citizen of the United States <sup>i</sup>



# Completing Section 1

Employee or preparer/translator selects one of the four attestations. Non-applicable fields are automatically filled with N/A.

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in an affidavit, under penalty of perjury, that I am (check one of the following):

1. A citizen of the United States
2. A noncitizen national of the United States (See [instructions](#))
3. A lawful permanent resident (Alien Registration Number/USCIS Number):
4. An alien authorized to work until (expiration date, if applicable mm/dd/yyyy)

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

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

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

QR Code - Section 1  
Do Not Write in This Space

Signature of Employee:

Date (mm/dd/yyyy):

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.

Sign

# Completing Section 1

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in o  
I attest, under penalty of perjury, that I am (check one of the following):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See [instructions](#))
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number:
- 4. An alien authorized to work until (expiration date, if applicable mm/dd/yyyy)

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

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9.

An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

OR

Foreign Passport Number:

Country of Issuance:

Signature of Employee:

Date (mm/dd/yyyy):

**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.

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

Sign

# Signing Section 1

123 W. Main St.

N/A

N/A

Portland

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

## Electronic Signature

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

**Step 1:** Please verify that the first name, last name, and date of birth shown below belong to you by clicking the checkbox next to each item.

**First Name** Michael

**Last Name** Jones

**Date Of Birth** 03/21/1961

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

I consent to provide an electronic signature in connection with this Form I-9 and understand that by verifying my name and date of birth in Step 1 above, providing the requested information in Step 3 below, clicking on the 'I Accept box', and clicking on the 'Electronically Sign' button, that I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this document by hand.

**I Accept**

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

**Question:**

**Answer:**

Electronically Sign

# Signing Section 1

123 W. Main St.

N/A

N/A

Portland

## Electronic Signature

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

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

**First Name** Michael

**Last Name** Jones

**Date Of Birth** 03/21/1961

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

I consent to provide an electronic signature in connection with this Form I-9 and understand that by verifying my name and date of birth in Step 1 above, providing the requested information in Step 3 below, clicking on the 'I Accept box', and clicking on the 'Electronically Sign' button, that I am electronically signing this Form I-9. I understand that my electronic signature will be binding as though I had physically signed this document by hand.

**I Accept**

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

**Question:**

**Answer:**

Electronically Sign

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

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

# Signing Section 1

123 W. Main St.

N/A

N/A

Portland

## Electronic Signature

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

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

**First Name** Michael

**Last Name** Jones

**Date Of Birth** 03/21/1961

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

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

**I Accept**

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

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

**Answer:** New York

Electronically Sign

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

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

# Completing Section 1

The receipt certifies the completion of Section 1 by the employee.



Print Receipt (Optional)

**i** You successfully completed Section 1. Proceed to the next step.

[View and Print Receipt](#)

uat1.lawlogix.com

I-9 No. 2674939

**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  
**LawLogix Guardian Demo - Denise's New Site**

Name of Employee  
**Jones, Michael**

Date section 1 signed  
**09/21/2020 @ 13:27:08**

---

for your records before proceeding to the

Next

© 2016 Law

e in E-Verify

# Completing Section 1

The employee then clicks the **Next** button.



## Print Receipt (Optional)



You successfully completed Section 1 of the Form I-9. You can choose to View and Print a receipt for your records before proceeding to the next step.

[View and Print Receipt](#)

[Next](#)

# Completing Section 1



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

## Confirm Document Availability

Next



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.

08

## 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		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa				
4. Employment Authorization Document that contains				



# Completing Section 1



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

## Section 2 Completion



You have completed your part of the I-9 form.

Section 2 must be filled out by an employer representative. You will be contacted to meet with a representative shortly.

Be sure to bring your documentation.

Done

# Completing Section 1

The employee then clicks **Done**.



## Section 2 Completion



You have completed your part of the I-9 form.

Section 2 must be filled out by an employer representative. You will be contacted to meet with a representative shortly.

Be sure to bring your documentation.

Done

# Completing Section 1



The **Kiosk** returns to the home screen, ready to be used by another employee.

## English



In 1986, Congress reformed U.S. immigration laws, requiring all new employees to fill out the I-9 Form.

The Form I-9 helps employers to verify individuals who are authorized to work in the United States. You must complete a Form I-9 to establish employment eligibility in the United States.

[Continue in English](#)

## Español



En 1986, el Congreso reformó U.S. las leyes de inmigración, que requieren todos los nuevos empleados para llenar el formulario I-9.

El Formulario I-9 ayuda a los empleadores para verificar las personas que estén autorizados a trabajar en los Estados Unidos. Usted debe completar el Formulario I-9 para establecer la elegibilidad de empleo en los Estados Unidos.

[Continuar en Español](#)

# Completing Section 2

## Guardian

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

Employee Group

My Managed Groups

Refresh All

Location

### Top Pending I-9s

View All Analyze

	Date I-9 Created	Location	Employee Name	Status	Section 1 Deadline	Section 2 Deadline
	08/25/2020	Cleveland:	Smith, Marge	Signed Sec 2	10/15/2020	10/20/2020
	09/21/2020	Portland:	Jones, Michael	Signed Sec 1	10/01/2020	10/06/2020

### Top I-9s Needing Approv...

View Analyze

	Date I-9 Created	Location	Employee Name	Employee Start Date	Approval E-Verify Deadline
	08/18/2020	Phoenix:	Lopez, Deborah	01/18/2020	N/A

To complete Section 2 open the employee's I-9 record. Incomplete Kiosk I-9's will appear on the **Top Pending I-9s** Dashboard panel with no **Deadline** dates displayed, as their **Start Date** has not yet been specified.



# Completing Section 2

Click the **Date I-9 Created** to open the employee's I-9 record.

[Dashboard](#)[Start I-9](#)[Employee](#) ▾[E-Verify](#)[Reports](#) Employee Group LocationType 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	<a href="#">08/25/2020</a>	Cleveland:	<a href="#">Smith, Marge</a>	Signed Sec 2	10/15/2020	10/20/2020
 E	<a href="#">09/21/2020</a>	Portland:	<a href="#">Jones, Michael</a>	Signed Sec 1	10/01/2020	10/06/2020

### Top I-9s Needing Approval

[View](#) [Analyze](#)

	Date I-9 Created	Location	Employee Name	Employee Start Date	Approval E-Verify Deadline
	<a href="#">08/18/2020</a>	Phoenix:	<a href="#">Lopez, Deborah</a>	01/18/2020	N/A

# Completing Section 2

Alternatively, search for the desired employee from the **Employees** tab on the left-hand navigation menu.

Guardian

Dashboard

Start I-9

Employee

Leaves

Reports

- Search Employees
- Search I-9 Forms
- Search Tasks

Employee Search Options

Results: 6 Employees Found

Options Search by Name: Jones Presets Results: Page 1 Add

Employee Name	Title	I-9 Number	Employee Group	Date Hired	Location	Status
Jones, Michael		2674907	Western US > Portland	10/01/2020	Portland	Current

# Completing Section 2

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

## Guardian

[Dashboard](#)[Start I-9](#)[Employee ▾](#)[E-Verify](#)[Reports](#)

### I-9 for Jones, Michael

[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

Jones, Michael

Signed: **Michael Jones**  
09/21/2020 @ 13:27:08

[View Section 1](#)

##### Preparer/Translator

No Assistance Provided

Signed:

[View Prep](#)

##### Section 2

Jones, Michael

Hired:

Signed:

[View Section 2](#)

##### Print Center

[View I-9](#)[View Employee Receipt](#)[Preparer/Translator Receipt](#)

# Completing Section 2

Click the **View Section 2** button.

[Dashboard](#)[Start I-9](#)[Employee](#)[E-Verify](#)[Reports](#)

### I-9 for Jones, Michael

[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

Jones, Michael

Signed: **Michael Jones**  
09/21/2020 @ 13:27:08

[View Section 1](#)

##### Preparer/Translator

No Assistance Provided

Signed:

[View Prep](#)

##### Section 2

Jones, Michael

Hired: Signed:

[View Section 2](#)

##### Print Center

[View I-9](#)[View Employee Receipt](#)[Preparer/Translator Receipt](#)



# Completing Section 2

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

Guardian

Dashboard

Start I-9

Employee

E-Verify

Rep



## Employer / Agent Review and Verification

To fulfill the requirements of the I-9 form, please inspect the documents 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 Signature

(Employers or their authorized representative must complete and sign Section 2 of the I-9 form. You must physically examine one or more documents 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)  
Jones

#### List A Identity and 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"/>
Document Title	<input type="text"/>

OR

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"/>
Document Title	<input type="text"/>

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

### Section I Responses

Last Name: **Jones**  
First Name: **Michael**  
Middle Initial: **N/A**  
Other Names Used: **N/A**  
Date of Birth: **03/21/1961**  
Social Security No: **799-86-6645**

### 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**  
Foreign Passport no.: **N/A**  
Foreign Passport Country:

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

# Completing Section 2

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



### Employer / Agent Review

To fulfill the requirements of the I-9 process that the employee has provided, fill out and select either an item from List A or List B.

10

### Section 2. Employer or Authorized Representative Information

(Employers or their authorized representative must complete this section and select one document from List A OR a combination of one document from List B.)

Employee Info from Section 1

Last Name

Jones

#### List A Identity and Employment Authorization

Document Title

Issuing Authority

Document Number

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

Document Title

USCIS Form I-9 Instructions - Google Chrome  
uat1.lawlogix.com/Forms/I9INST-010.pdf

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

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.

Review Section 1 Answers  
**Review I-9 Form Instructions**

You must physically examine one of the following documents (List A or List B)

Document Type/Immigration Status

List C  
Employment Authorization

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

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

Additional Information

# 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
		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)

OR

**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 (if any)(mm/dd/yyyy)	<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 (if any)(mm/dd/yyyy)	<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 Representative	Training	
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 for the required period.

**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.

Confirmation

# Document Retention



## Document Retention Required



Our Organization maintains copies of the documents provided by the employee. Please ensure all documents are provided.

**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- Barcode Page

Select File

Upload Document

See Document Example

## Confirmation

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.

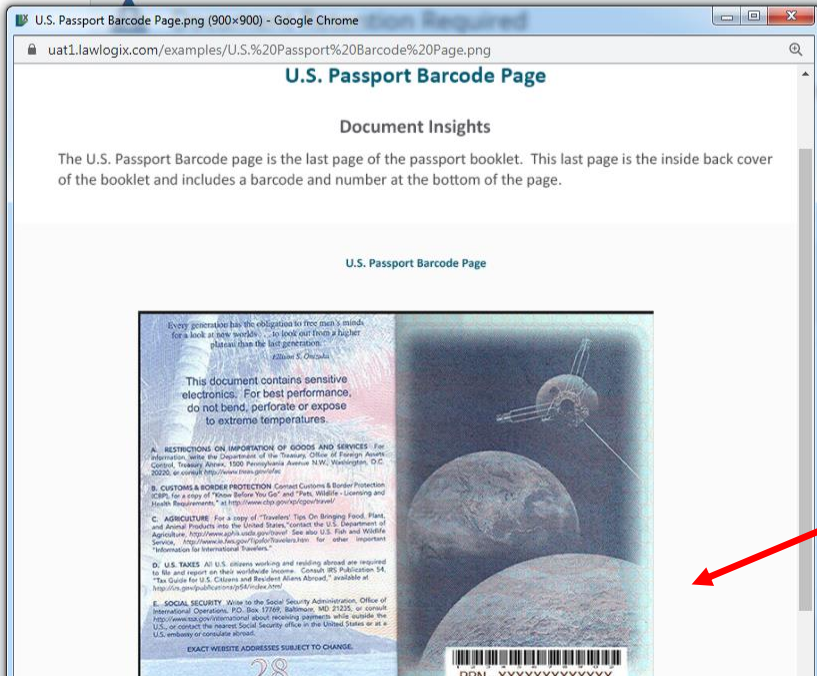
These documents are:

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

# 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

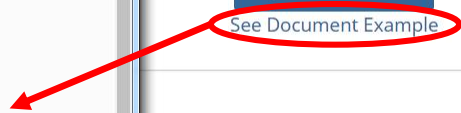


### U.S. Passport- Barcode Page

Select File

Upload Document

See Document Example



# Document Retention

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

Dashboard

Start I-9

Employee ▾

E-Verify

Reports



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

U.S. Passp



Upload Document

See Document Example

Upload Document

See Document Example

Confirmation

# Document Retention

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

LawLogix  
by Hyland

Announcements

Help ▾

Robert Reaume ▾

Logout

Dashboard

Start I-9

Employee ▾

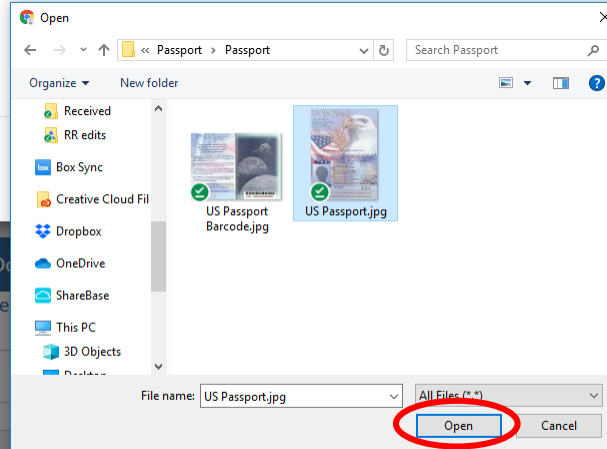
E-Verify

Reports

## 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

Confirmation



# Document Retention

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

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

## 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.

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

## 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.

Dashboard

Start 1-9

Employee ▾

E-Verify

Reports

## 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.

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

Refresh Update and Go Back Update Info Go Back Delete

of the form to validate changes.

Park This I-9

Mark Completed

# Complete & Approve the I-9

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

Dashboard

Start I-9

Employee ▾

E-Verify

Reports

## I-9 for Andrews, Robert



View Employee

Refresh

Update and Go Back

Update Info

Go Back

Delete

Details

OnDocs

Issues

Amendments

### I-9 Overview

#### This I-9 is ready for Completion.

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

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

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

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

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

#### I-9 Information

I-9 No: **2,674,921 (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.



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

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.

## I-9 for Andrews, Robert



Details

OnDocs

Issues

Amendments

### Approve I-9

#### Instructions

##### Please note:

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

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

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

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

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



View  
I-9

Employee is eligible for E-Verify.

Cancel

Approve This I-9

#### I-9 OnDocs

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

# Complete & Approve the I-9

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

Dashboard


Start I-9

Employee ▾

E-Verify

Reports

## E-Verify for: Robert Andrews

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

Case Verification Number: 2020265160517AG

### E-Verify Summary

#### Case Status

Status: **Processing**

Initiated By: **Robert Reaume**

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

#### Employee Information

First Name: **Robert**

Last Name: **Andrews**

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

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

[View More Employee Information](#)

#### Document Information

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

Document Number: **123456789**

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

[View OnDocs](#)

[Go Back](#)



# What's next?

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

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

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

# For Additional Assistance

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

# Confidential User Guide

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

Thank you.