



Guardian I-9 Processing for Minors With No Identity Document

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FAQ

➤ **What I-9 provisions are there for minors under the age of 18?**

I-9 rules allow for alternate I-9 processing if a person under the age of 18 is unable to present a document to confirm their identity. In these instances it is permissible for the parent or legal guardian to complete the I-9 and sign the preparer/translator certification area.

➤ **How is this provision triggered in Guardian?**

When a date of birth is entered in Section 1 that indicates that the employee is under the age of 18 the employee is prompted to confirm whether or not they have an identity document. If they indicate they do not have an identity document the special processing will continue.

FAQ

➤ **What happens if the employee has an identity document or made a mistake entering the date of birth?**

When a date of birth is entered that prompts the employee to confirm whether or not they have an identity document, Equifax provides for two alternate scenarios: The employee may confirm that they have an identity document, in which normal I-9 processing will continue. Alternatively, the employee can indicate that an error was made entering the date of birth and the employee is not under the age of 18. In those circumstance the date of birth field is cleared and the employee is prompted to enter the correct date.

Section 1

08



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

Form I-9

OMB No. 1615-0047

Expires 08/31/2019

Employee or Preparer/Translator
completes Section 1, selecting the
No option when asked
“Do you have an Identity Document”?

▶ **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 <i>(Family Name)</i> Smith		First Name <i>(Given Name)</i> John		Middle Initial N/A <input checked="" type="checkbox"/> N/A	Other Last Names Used <i>(if any)</i> N/A <input checked="" type="checkbox"/> N/A	
Address <i>(Street and Number and Name)</i> 123 E Elm St		Apt Number N/A <input checked="" type="checkbox"/> N/A	City or Town Phoenix		State AZ	Zip Code 85022
Date of Birth Jan 1 2000		U.S. Social Security No. 799-85-1647 <input type="checkbox"/> Awaiting Issuance of SSN		Employee's E-mail Address N/A <input checked="" type="checkbox"/> N/A		Employee's Telephone Number N/A <input checked="" type="checkbox"/> N/A

It appears you are under the age of 18*

Do You have an Identity Document?

- Yes - I have an identity document from either List A or List B.
- No - I do not have an Identity document, only a document from List C.
(Parent or Legal Guardian required to complete Section 1)
- * I am not a minor - My birth date must be incorrect.



[[Explain Choices](#)]

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):

Section 1

* I am not a minor - My birth date must be incorrect.

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

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](#)) 

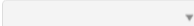


3. A lawful permanent resident (Alien Registration Number/USCIS Number):   N/A 

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

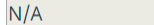

Some aliens may write "N/A" in this field. (See [instructions](#))

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



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

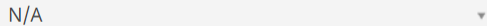

1. Alien Registration Number/USCIS Number:   N/A 


OR


2. Form I-94 Admission Number:  N/A 


OR

3. Foreign Passport Number:  N/A 

Country of Issuance:  N/A 

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 indicates that a Preparer/Translator was used and clicks **Sign**. The employee will not be prompted to electronically sign.

QR Code - Section 1
Do Not Write in This Space

Sign

Preparer/Translator Section

Parent or legal guardian enters their name in the **Preparer/Translator Identity** section, selects the confirmation checkbox, and clicks **Continue**.

Guardian Company: Reaume, Robert

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I-9 and E-Verify
Compliance System



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Preparer/Translator Certification for John Smith.



Form I-9 indicates that the employee identified in Section 1 is either a minor or a person with a disability (who is placed in employment by a nonprofit organization, association, or as part of a rehabilitation program) who is unable to present an identification document. Under these circumstances a parent, legal guardian, or a representative of the nonprofit organization, association, or rehabilitation program must complete the Preparer and/or Translator Certification.

Form I-9 indicates that a preparer and/or translator assisted the employee in completing Section 1. If assistance was not provided, click **Correct Section 1** so that the employee can return to Section 1 to change the preparer and/or translator statement

Correct Section 1

Preparer/Translator Identity

In conjunction with providing assistance to the employee when completing Section 1, you are being asked to complete the Preparer and/or Translator Certification of Form I-9. Please provide your legal name below. This information will be used to identify who completed the Preparer and/or Translator Certification.

Name
(First and Last)

I confirm that I am the person named above.

Continue

Preparer/Translator Section

Parent or legal guardian completes the **Preparer and/or Translator Certification**, providing their name and address of residence, and clicks the **Sign** button.

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Compliance System

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Preparer/Translator Certification for John Smith.



Form I-9 indicates that the employee identified in Section 1 is either a minor or a person with a disability (who is placed in employment by a nonprofit organization, association, or as part of a rehabilitation program) who is unable to present an identification document. Under these circumstances a parent, legal guardian, or a representative of the nonprofit organization, association, or rehabilitation program must complete the Preparer and/or Translator Certification.

Form I-9 indicates that a preparer and/or translator assisted the employee in completing Section 1. If assistance was not provided, click **Correct Section 1** so that the employee can return to Section 1 to change the preparer and/or translator statement

Correct Section 1

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name) Smith		First Name (Given Name) Thomas	
Address (Street Number and Name) 123 E Elm St		City or Town Phoenix	State AZ
		Zip Code 85022	

Sign

Preparer/Translator Section

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Correct Section 1 so that the employee can return to Section 1 to change the preparer a

Preparer and/or Translator Certification *(To be completed and signed if Section I attest, under penalty of perjury, that I have assisted in the completion of this f is true and correct.*

Signature of Preparer or Translator:			
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Smith		Thomas	
Address <i>(Street Number and Name)</i>	City or Town	State	Zip Code
123 E Elm St	Phoenix	AZ	85022

Parent or legal guardian completes the Electronic Signature by selecting the provided checkbox, entering in the randomly generated PIN number (or their password, for Guardian system users), and clicks **Electronically Sign Certification.**

Electronic Signature

I attest under penalty of perjury that I am the individual specified in the Preparer and/or Translator Section of the I-9, that I have read the I-9 certification above, and that the act of entering my password and clicking the **Sign** button signifies that I have attached my electronic signature to this I-9 form and in so doing attest as indicated in the Preparer and/or Translator Certification of this Form I-9.

PIN

5945

5945

Electronically Sign Certification

Preparer/Translator Section

Click the **Proceed to Next Step** button to continue processing the I-9.

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Compliance System



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Preparer/Translator Certification for John Smith.



Form I-9 indicates that the employee identified in Section 1 is either a minor or a person with a disability (who is placed in employment by a nonprofit organization, association, or as part of a rehabilitation program) who is unable to present an identification document. Under these circumstances a parent, legal guardian, or a representative of the nonprofit organization, association, or rehabilitation program must complete the Preparer and/or Translator Certification.

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator: Thomas Smith		Date (mm/dd/yyyy): 01/16/2017	
Last Name (Family Name) Smith		First Name (Given Name) Thomas	
Address (Street Number and Name) 123 E Elm St	City or Town Phoenix	State AZ	Zip Code 85022

Proceed to Next Step

Add Another Prep/Translator Certification

Section 2

On Section 2 **List B** is automatically notated that the employee is under age 18.

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I-9 and E-Verify
Compliance System



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Employer / Agent Review and Verification

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

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

08

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Smith	John	N/A	1

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
		<p>Document Title</p> <p>Individual under age 18</p> <p>By choosing this document, you are stating that the employee does not have an identity document and is under the age of 18. Employee must still have a list C document.</p>		<p>Document Title</p>
<p>Issuing Authority</p>				<p>Issuing Authority</p>
<p>Document Number</p>				<p>Document Number</p>
<p>Expiration Date (if any)(mm/dd/yyyy)</p>				<p>Expiration Date (if any)(mm/dd/yyyy)</p>
<p>Document Title</p>		<p>Additional Information</p>		

Section 2

Complete the **List C** Document information. See the Section 2 tutorial and/or the workflow tutorials for additional information.

[Review I-9 Form Instructions](#)



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.

08

Section 2. Employer or Authorized Representative Review and Verification

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Employee Info from Section 1	Last Name (Family Name) Smith	First Name (Given Name) John	M.I. N/A	Citizenship/Immigration Status 1
-------------------------------------	----------------------------------	---------------------------------	-------------	-------------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
		<p>Document Title</p> <p>Individual under age 18</p> <p>By choosing this document, you are stating that the employee does not have an identity document and is under the age of 18. Employee must still have a list C document.</p>		<p>Document Title View Sample Document</p> <p>Social Security Card (Unrestricted)</p> <p><input type="checkbox"/> Replacement Receipt </p>
<p>Issuing Authority</p> <input type="text"/>				<p>Issuing Authority</p> <p>Social Security Administration</p>
<p>Document Number</p> <input type="text"/>				<p>Document Number</p> <p>799-85-1647</p> <p><i>Social Security Number</i></p>
<p>Expiration Date (if any)(mm/dd/yyyy)</p> <input type="text"/>				<p>Expiration Date (if any)(mm/dd/yyyy)</p> <p>N/A <input checked="" type="checkbox"/> N/A</p> <p><i>Provide expiration date if one exists on the document. Note: expiration date cannot be expired.</i></p>



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Signature on Completed I-9

The Section 1 signature on the completed I-9 PDF will indicate **Individual Under Age 18.**



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

Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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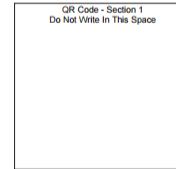
Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Smith	First Name (Given Name) John	Middle Initial N/A	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 123 E Elm St	Apt. Number N/A	City or Town Phoenix	State AZ	ZIP Code 85022
Date of Birth (mm/dd/yyyy) 01/01/2000	U.S. Social Security Number 799-85-1647	Employee's E-mail Address N/A	Employee's Telephone Number N/A	

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

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

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
<input type="checkbox"/> 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 **Individual Under Age 18** Today's Date (mm/dd/yyyy) **01/16/2017**

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

For Additional Assistance

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

Confidential User Guide

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

Thank you.