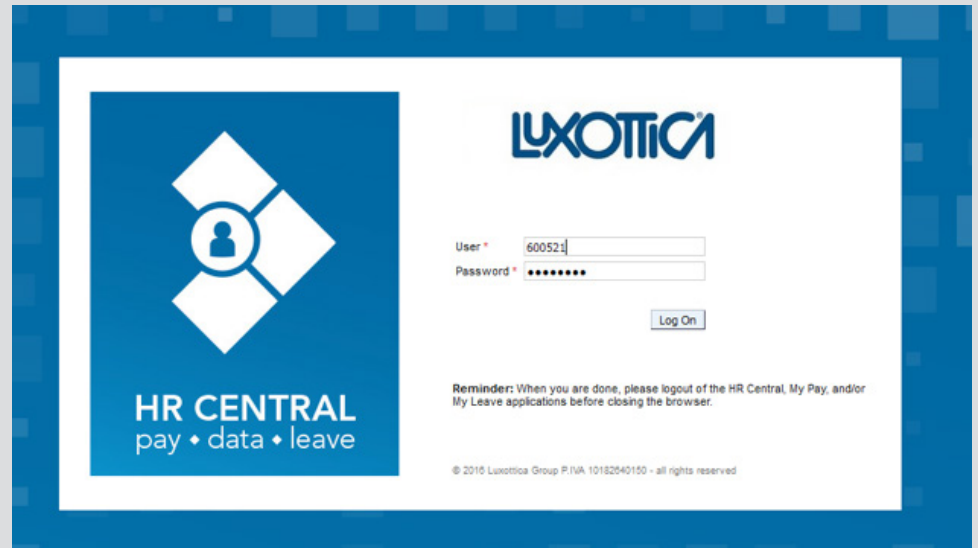


Form I-9 is a required document that establishes both identity and employment authorization for all new hires and rehires. Follow the steps below to navigate to HR Central and complete the I-9 process in the Pre-boarding system.

**WHAT****1. Log in:****HOW**

Log in to HR Central.

**2. Navigate to Pre-boarding:**

Select **Pre-Boarding Managers Only**.

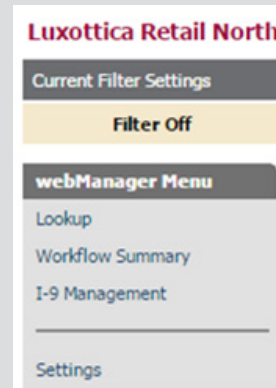


## WHAT

3. Navigate to the I-9 Management site:

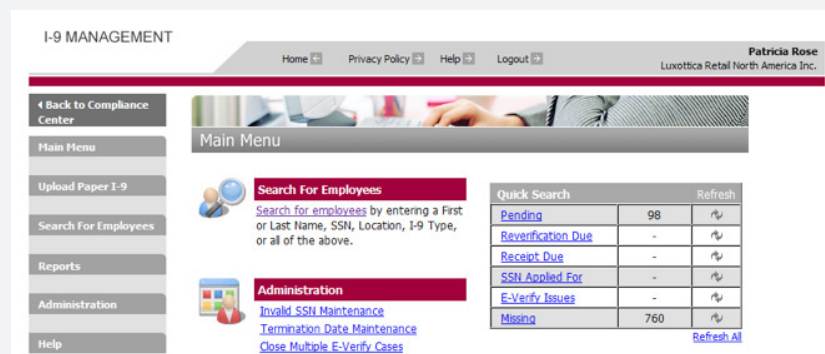
## HOW

In the webManager Menu, select **I-9 Management**.



4. Search for an employee:

On the I-9 Management site, select **Search for Employees**.



## WHAT

## 5. Enter search information:

## HOW

- Enter the employee's First Name and Last Name. Ensure correct spelling of the name.
- Select **All** from the Type of I-9 drop-down menu.
- Leave Group and Location as "**All**"
- Click **Search**.

**Search For Employees**

Select one or more search criteria below to search for employees.

First Name: **a.** Anita Last Name: Baker SSN: Type of I-9: **b.** Missing

Group: (All)

Location: **c.** (All)

Date Range: (mm/dd/yyyy) 11/6/1986 Start Date End Date

Include: ☒ Active Employees ☐ Terminated Employees ☒ Current Location Only

**d.** Search

## 6. Select the employee from search results:

Select the **employee's name** to open the Employee Detail Screen.

**Search Results: Completed**

Type: E=E-Verify, C=Complete, P=Pending, R=Reverification, S=SSN Applied For, D=Receipt Due, M=Missing, I=Invalid, F=E-Verify w/o I-9  
(Red=Problem, Bold=Urgent)

Type	Name	Location	SSN	Employment	E-Verify Status
M	<a href="#">Baker, Anita</a>	<b>000001 LensCrafters</b>	2119	07/30/2016	

Showing 1-1 of 1

[Export to Excel](#)

**Note:** If employee is designated with type "M" (missing) continue with Step #7. For all other types, skip to Step 10.

## 7. Create the I-9:

On the Employee Detail Screen, click **New I-9**.

Back Section 3 **New I-9** Upload Paper I-9 Send to E-Verify

Colorado Affirmation Form Receipt Update

## WHAT

## 8. Verify information:

## HOW

A new I-9 Form will populate.

- a. Verify all information in Section 1.
- b. Have the employee fill in any missing information.
- c. Click **Continue**.

**I-9 MANAGEMENT**

Home Privacy Policy Help Logout

**Patty Rose**  
Luxottica Retail North America Inc.

**4 Back to Compliance Center**

Main Menu

Upload Paper I-9

Search For Employees

My Account

Reports

Administration

Help

**Employment Eligibility Verification**

U.S. Citizenship and Immigration Services

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

**START HERE.** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

[I-9 Instructions](#) [I-9 Instructions](#)

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

Last Name (Family Name) First Name (Given Name) Middle Initial Other Last Names Used (if any)

Baker Anita Johnson

Address (Street Number and Name) Apt. Number City or Town State Zip Code

27492 Portola Parkway Foothill Ranch CA 92610

Date of Birth U.S. Social Security Number Employee's E-mail Address Employee's Telephone Number

12/29/1976 673562119 prose@luxotticaretail.com 5137653234

(mm/dd/yyyy) (optional) (optional)

Employment Date (mm/dd/yyyy)

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):

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yy):

☐ Employee is an alien whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau (see instructions)

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

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

OR

3. Foreign Passport Number:

Country of Issuance:

**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.) (Auto-Fill) (Clear)

Last Name (Family Name) First Name (Given Name)

Rose Patty

Address (Street Number and Name)

4000 Luxottica Place

City or Town State Zip Code

Mason OH 45040

Add Preparer

Cancel Continue

## WHAT

## 9. Secure the Employee Electronic Signature:

## HOW

After the employee reviews the provided information have them click the Employee Electronic Signature checkbox and click **Continue**.

## 10. Select Section 2 documents:

Section 2 of the I-9 will display. Select the appropriate documents from the drop-down menu and click **Continue**.

If employee has terminated, click on the "Employee terminated before completing I-9" radial button and click Continue.

## WHAT

## 11. Verify documents:

## HOW

Examine the documents provided by the employee and complete the applicable verification screen. If required, verify the Social Security Number. When verification is complete, click **Continue**.

**Section 2 - Employer Review and Verification**

**Warning! DO NOT accept a Social Security Card stating "Not Valid for Employment"**

The employer must examine the document(s) presented by the employee and record the issuing authority, document number, and document expiration date, if any.

**List B document - Driver's License Issued by State or Possession with Photo**

**Issuing Authority:**  
Choose the State or Territory on the Drivers License... [Sample Document](#)

**Document #:**

**Expiration Date (mm/dd/yyyy):**

**List C document - Social Security Account Number Card Without Employment Restriction**

**Issuing Authority:**  
Social Security Administration [Sample Document](#)

**Social Security Number (XXX-XX-XXXX):**  
673-56-2119

☐ The number on the document is the same

[Back](#) [Cancel](#) [Continue](#)

## 12. Review information:

Review all the employee information. If accurate, click the **Employer Electronic Signature** checkbox and click **Continue**.

Home Privacy Policy Help Logout **Patty Rose**  
Luxottica Retail North America Inc.

**Employer Review**

Please review the following information as it was entered. You can make changes to the information by clicking on the link below the information.

After verifying that the information is correct, complete the signature block at the bottom of the page.

**[C] Corrected field**

**Name:** Anita Baker  
**Other Names Used:** Johnson  
**U.S. Social Security Number:** 673-56-2119  
**Date of Birth:** 12/29/1976  
**Address:** 27492 Portola Parkway  
Foothill Ranch, CA 92610  
**E-mail Address:** prose@luxotticaretail.com  
**Telephone Number:** 5137653234  
**Employment Date:** 07/30/2016  
**Work Status:** A Citizen of the United States  
**Alien Registration Number/USCIS Number:**  
**I-94 #:**  
**Receipt Due Date:**  
**Receipt Due Document:**  
**Alien Work Until Date:**  
**Reverification Due Reason:**  
**Foreign Passport Number:**  
**Country of Issuance:**  
**Obtained I-94 from USCIS:**  
**Group:** RDO021 LensCrafters Region 021 P  
**Location:** 000001 LensCrafters [% Change Information](#)

**Visa Type:**

**Document Information Summary**

**List B document:** Driver's License Issued by State or Possession with Photo  
**Issuing Authority:** Ohio  
**Document #:** 123456789  
**Expiration Date (mm/dd/yyyy):** 12/31/2018

**List C document:** Social Security Account Number Card Without Employment Restriction  
**Issuing Authority:** Social Security Administration  
**Social Security Number (XXX-XX-XXXX):** 673-56-2119

**Employer Electronic Signature** [\(English\)](#) [\(Español\)](#)

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):** 7/30/2016

I also attest to the following:

- I understand the employee's work authorization may be verified electronically with the United States government.
- If the employee's work authorization is verified with the United States government, I authorize my Section 2 electronic signature to be automatically applied to the documents provided to the employee should the employee contest/not contest the verification results.
- I am not using government verifications for pre-screening purposes or discriminating against any employee who receives a tentative nonconfirmation response.

☐ I have read and agree with the certification statement above.

[Back](#) [Cancel](#) [Continue](#)

## WHAT

## 13. Confirm results:

## HOW

Verify the system has displayed “The I-9 was successfully added.”  
If so, the process is complete and you may log out of the system.

**Employee Detail**

! The I-9 was successfully added.

**Name:** Anita Baker  
**Other Names Used:** Johnson  
**U.S. Social Security Number:** XXX-XX-2119 [%Change SSN](#)  
**Date of Birth:** 12/29/1976  
**Address:** 27492 Portola Parkway  
 Foothill Ranch, CA 92610  
**E-mail Address:** prose@luxotticaretail.com  
**Telephone Number:** 5137653234  
**Employment Date:** 07/30/2016 [% Change Employment Date](#)  
**TWN Hire Date:**  
**Termination Date:** [% Change Termination Date](#)  
**Work Status:** A Citizen of the United States  
**Alien Registration Number/USCIS Number:**  
**I-94 #:**  
**Receipt Due Date:**  
**Receipt Due Document:**  
**Reverification Due Date:**  
**Reverification Due Reason:**  
**Foreign Passport Number:**  
**Country of Issuance:**  
**Obtained I-94 from USCIS:**  
**Group:** RDO021 LensCrafters Region 021 P  
**Location:** 000001 LensCrafters [%Change Location](#)  
**Previous Locations:** 110096 Eyexam Admin  
**Visa Type:** [%Change Visa Type](#)  
**Form I-129 Filing Date:**  
**Audit Report:** [View/Download](#)

[Back](#) [Section 3](#) [New I-9](#) [Upload Paper I-9](#) [Send to E-Verify](#)  
[Colorado Affirmation Form](#) [Receipt Update](#)

Note: If you are in an E-Verify location (AL, AZ, GA, LA, MS, NC, SC, TN and UT, as well as positions within all corporate offices and RxO/DC facilities), you may have additional steps:

1. If your employee provided a List A document, you will be prompted to upload an image of the List A document. If your store has a mobile device, see the “Using the I-9 Anywhere Mobile Application” job aid for additional instructions to upload the List A document using the device. If no store mobile device is available, please fax or email a copy of the documents to 513-492-4412 or [preboarding@luxotticaretail.com](mailto:preboarding@luxotticaretail.com).
2. Complete E-Verify steps. If The I-9 was not completed within 30 days, you will not be prompted for E-Verify.

See the “Using the I-9 Anywhere Mobile Application” PDF for additional instructions.

Note: If at any time you are presented with the Compliance Center webManager Login screen, close your browser and return to HR Central.

**COMPLIANCE CENTER** [Home](#) [Privacy Policy](#)

**Login Instructions**  
 Please enter your employer code. This information is only used to identify your account and is protected by industry standard SSL encryption.

**webManager Login**

**Employer Code:**

☐ Remember my Employer Code on this computer?

[Continue](#)

[Terms and Conditions](#)  
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