



I-9 Handbook Employee Sec 1

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Section 1 completed

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List of Acceptable documents

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Signing Sec 1

I9 Compliance

Who Needs To Complete It & By When?

SECTION 1

Employee Information Submission

Must be completed and signed by **employee before the end of his / her 1st day** of Employment at USA.*

SECTION 2

Employer Review & Verification

Must be completed by authorized signatory **before the end of 3 business days** after the employees 1st day of employment at USA.*

SECTION 3

Updating and Re-Verification

Needed only when documents expire, work authorization changes or there is a name or SSN change.

What is the 1st Day of Employment @USA?

1

For employees recruited locally in USA – this is their Date of Joining Wipro.

2

For employees deputed to USA (on work permit) from India or other countries- this is the 1st Working Day following their Travel Start Date – Exclude weekends and US holidays. (Refer Example on Next Slide)

I9 Compliance

Example

1 If the employee started his / her travel from India on Friday – then the 1st working day would be Monday. In such case employee needs to complete and submit section 1 before 5:30 pm on Monday.

2 In the above case the Authorized Signatory needs to complete and submit section 2 by 5:30 Pm on Thursday.

3 In the above example – If Monday happens to be a Holiday in US, then the 1st Working day would be Tuesday. Accordingly section 1 needs to be completed by Tuesday 5:30 Pm and Section 2 by Friday 5:30 Pm.

1 Employees who don't have access to Laptop / internet access can complete this process from the hotel business center or also visit the nearest FedEx kiosk / FedEx office to complete the I9 form.
(Expenses are reimbursable, please read note below)

Note : Retain any receipts for out-of-pocket expenses associated with the completion of this form, reasonable expenses of visiting the FedEx office is reimbursed at actual. This is applicable for both employees on daily allowance at actual expense incurred or flat rate option. This may then be submitted for reimbursement using "Cash" module within myWipro.

2 Signatory Remote Agent needs to mandatorily complete Section 2 within 3 business days of the employees 1st day of employment in USA – NO EXCEPTIONS

Note : In the event of non-completion of the I-9 form within the stipulated time, the employee will not be permitted to work.



I9 Compliance

Timely Completion of I9 is a Mandatory Requirement.....

1

The IRCA (Immigration Control And Reform Act) of USA can levy penalties ranging from \$216 to \$2156 per employee for non-compliance of I9 within timelines.

2

Failure to complete Section 1 and to produce the appropriate document(s) before the end of the 1st day of employment may make the employee ineligible for employment with the company.



Instructions To Complete Section-1

- 1 Enter the full legal name. Last name, given name, middle initial and other name. Other name cannot be blank. If not applicable please mention NA.
- 2 Enter current address ; this can also be temporary hotel address (Incase permanent house address is not yet known). The address needs to match with what is mentioned in I-94. P.O. Box address is acceptable.
- 3 Date of birth in the format M/D/Y
- 4 Enter the 9 digit Social Security number. However employees who are on deputation to US **and still waiting to get the social security card may enter Awaiting issuance of SSN.**
- 5 & 6 Enter the Email address and US telephone number.
- 7 Employee under penalty of perjury must select their citizenship /immigration status. The selection must be supported with work authorization document.
- 8 This field applies for employees who are in Alien authorized to work status. Employees who hold EAD can enter the Alien number . Employees who hold valid passport and I-94 can mention the I-94 number or passport number and country of issuance.

https://www.perfectcompliance.com/4DCGI/WEB_Log_Login/AGT/C7BA1F8EC1015C4E9B735AFB056D01F10000001727

Employee receives email with link and instructions to complete section 1 of form I-9

Instructions To Complete Section-1

Employee Logs In


The employee is greeted with a Welcome message and then clicks the Get Started button

Welcome to the Form I-9 Process

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

You must complete your section of the form by 12/20/2016.

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

-  Fill out the Form I-9, Section 1
-  Choose the documents you will provide to verify employment eligibility
-  Receive instructions on next steps for form completion by your employer representative

Get Started

Completing Section 1

The employee is then prompted to complete Section 1 of Form I-9.

Guardian

Let's Get Started



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

USCIS
Form I-9

OMB No. 1615-0047
Expires 10/31/2022

▶ **START HERE:** Read [Instructions](#) carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

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

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

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

Completing Section 1

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

Guardian

Let's Get Started



▶ **START HERE:** Read **Instructions** carefully before completing this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate on the basis of race, ethnicity, or national origin in the refusal to hire or continue to employ an individual because of their citizenship status.

Section 1. Employee Information and Attestation (Employer)

Last Name (Family name)

Address (Street Name and Number)

Month

Day

Year

USCIS Form I-9 Instructions

Instructions for Form I-9, Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

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



Anti-Discrimination Notice. It is illegal to discriminate against work authorized individuals in hiring, firing, recruitment or referral for a hire, 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 documents (if the employee may present to establish employment authorization). The employee must allow the employer to choose the documents to be presented from the List of Acceptable Documents, listed 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 Immigration and Employee Rights Section (IERE) at the Department of Justice's Civil Rights Division at IERE@ice.dhs.gov.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizens and non-citizens) 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 citizens and non-citizens) 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 mentioned and refers to a fee-for-service agricultural association, agricultural employer, or farm labor contractor, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 95-70 (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 compensation. The term "Employee" does not include those who do not receive any form of remuneration (compensation), 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. Employees 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 send completed forms to U.S.A. 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 List of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. This form is a portable document format (pdf) that is printable and editable. 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 the 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 List of Acceptable Documents.

Form I-9 Instructions 10/31/2022

Page 1 of 17

USCIS
Form I-9

OMB No. 1615-0047

Expires 10/31/2022

During completion of this form, Employers are liable for errors in the completion of

An employee may present to establish employment authorization and identity. The

employment, but not before accepting a job offer.)

Other Last Names Used (If Any)

☐ N/A

State

Zip Code

Telephone Number

Completing Section 1

The **Language** option can be changed to provide **Spanish** subtext.

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Verificación de la elegibilidad para el empleo
El Departamento de Seguridad Nacional
El Servicio de Ciudadanía e Inmigración de los Estados Unidos

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

Inglés

Español

► **EMPIECE AQUÍ:** Lea cuidadosamente las instrucciones antes de completar este formulario. Las instrucciones deben estar disponibles, ya sea en papel o electrónicamente, mientras se completa este formulario. Los empleadores son responsables de los errores en la cumplimentación de este formulario. [Instrucciones para completar la sección 1](#) carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

AVISO CONTRA LA DISCRIMINACIÓN: Es ilegal discriminar a las personas autorizadas a trabajar. Los empleadores **NO PUEDEN** especificar qué documento(s) un empleado puede presentar para establecer la autorización de empleo e identidad. La negativa a contratar o seguir empleando a una persona porque la documentación presentada tiene una fecha de expiración futura también puede constituir una discriminación ilegal.

Sección 1. Información del empleado y declaración (Los empleados deben completar y firmar la sección 1 del formulario I-9 antes del primer día de trabajo, pero no antes de aceptar una oferta de trabajo).

| | | | | | |
|--|---|---|---|--|---|
| Apellido (Nombre Familiar) <input type="text"/> | Primer Nombre (Nombre de pila) <input type="text"/> | I.S.N. <input type="text"/> | Otros apellidos usados (si alguno) <input type="text"/> | | |
| <input type="checkbox"/> N/A | | <input type="checkbox"/> N/A | | | |
| Dirección (Número y Nombre de la Calle) <input type="text"/> | Número de Apt. Nú... <input type="text"/> | Ciudad o Pueblo <input type="text"/> | Estado <input type="text"/> | Código Postal <input type="text"/> | |
| <input type="checkbox"/> N/A | | | | | |
| Mes <input type="text"/> | Día <input type="text"/> | Año <input type="text"/> | Número de Seguro Social de EE.U... <input type="text"/> | Dirección de correo electrónico <input type="text"/> | Número de teléfono <input type="text"/> |
| Fecha de Nacimiento: <input type="text"/> | | <input type="checkbox"/> En espera de la emisión del número | | <input type="checkbox"/> N/A | |

Completing Section 1

Employee or Preparer/Translator enters the employee information.

Guardian

Let's Get Started



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

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

► **START HERE:** Read [Instructions](#) carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

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



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

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

Completing Section 1

Guardian

Let's Get Started

Help text is available and will appear when hovering over the  symbol, (or by clicking the  symbol when completing Section 1 from a mobile device).



► **START HERE:** Read Instructions carefully before completing this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to refuse to hire or continue to employ

Your last name is your legal family name or surname, as recorded on a government issued document. If you have two last names or a hyphenated last name, include both names in the Last Name field. Include any suffix such as Jr. in this field. Do not include any accented characters. Examples of correctly entered last names include: De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen. If you only have one name, enter it in this field, then enter "Unknown" in the First Name field.

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













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

Instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of

authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The presented has a future expiration date may also constitute illegal discrimination.

and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Section 1. Employee Information and Signature

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

Completing Section 1

Guardian



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

Expires 10/31/2022

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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) | First Name (Given name) | Middle Initial | Other Last Names Used (if Any) | |
| <input type="checkbox"/> N/A | | <input type="checkbox"/> N/A | | |
| Address (Street Name and Number) | Apt. Number | City or Town | State | Zip Code |
| <input type="checkbox"/> N/A | | | | |
| Month | Day | Year | U.S. Social Security Number | E-mail Address |
| Date of Birth: | | | <input type="checkbox"/> Awaiting Issuance of SSN | <input type="checkbox"/> N/A |
| | | | | Telephone Number |
| | | | | <input type="checkbox"/> N/A |

All fields are required, except for **Social Security No.**, unless participating in E-Verify. For E-Verify participants, select **Awaiting Issuance of SSN** if the employee has not yet received their SSN.

Completing Section 1

Guardian

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



















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

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

Completing Section 1

Employee or preparer/translator selects one of the four attestations.

Guardian

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

☐ N/A

Month [?] Day [?] Year [?] U.S. Social Security Number [?] E-mail Address [?] Telephone Number [?]

Date of Birth: [?] ☐ Awaiting Issuance of SSN ☐ N/A ☐ N/A

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

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

- ☒ 1. A citizen of the United States [?]
- ☐ 2. A noncitizen national of the United States (See instructions) [?]
- ☐ 3. A lawful permanent resident [?]
- ☐ 4. An alien authorized to work [?]

Preparer and/or Translator Certification (check one of the following):

- ☒ I did not use a preparer or translator [?]
- ☐ A preparer(s) or translator(s) assisted the employee in completing Section 1 [?]

Continue

Preparer/Translator Certification

Guardian

Address (Street Name and Number) ?

Apt. Number ?

City or Town

☐ N/A

Month

Day

Year

U.S. Social Security Number ?

E-mail Address ?

Telephone Number ?

Date of Birth: ?

☐ Awaiting Issuance of SSN

☐ N/A

☐ N/A

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

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

- ☒ 1. A citizen of the United States ?
- ☐ 2. A noncitizen national of the United States (See instructions) ?
- ☐ 3. A lawful permanent resident ?
- ☐ 4. An alien authorized to work ?

Preparer and/or Translator Certification (check one of the following):

- ☒ I did not use a preparer or translator ?
- ☐ A preparer(s) or translator(s) assisted the employee in completing Section 1 ?

Continue

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

Signing Section 1

Guardian

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



Robert, you're not finished just yet!

Please review the information below and electronically sign Section 1 of your Form I-9.

Section 1 Summary

Full Name: **Robert Andrews**

Date of Birth: **01/02/1977**

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

Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this form, you are attesting under penalty of perjury that the information you provided on the Form I-9, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct.

You are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.



By checking this box, I attest that I have read, understood, and agree to the statements above.



By checking this box, I consent to provide an electronic signature in connection with this Form I-9 and understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click "Electronically Sign" to complete your electronic signature. ⓘ

Question

What is the name of the first school you attended?

Answer

Signing Section 1

Guardian



Robert, you're not finished just yet!

Please review the information below and electronically sign Section 1 of your Form I-9.

Section 1 Summary

Full Name: **Robert Andrews**

Date of Birth: **01/02/1977**

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

Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this form, you are attesting under penalty of perjury that the information you provided on the Form I-9, along with the citizenship information, is complete, true and correct.

You are aware that you may face severe penalties provided by law if you knowingly provide false information or use false documents when completing this form.

☒ By checking this box, I attest that I have read, understood, and signed this form.

☒ By checking this box, I consent to provide an electronic signature on this form instead of a signature document by hand.

Please select an identity question from the dropdown list, provide the answer, and click the "Sign" button.

Question

What is the name of the first school you attended?

Answer

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

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

What is the name of the first school you attended?

What is your mother's middle name?

What was the make and model of your first car?

What is the name of the first major city you visited?

What is the name of the hospital where you were born?

Signing Section 1

Guardian



Robert, you're not finished just yet!

Please review the information below and electronically sign Section 1 of your Form I-9.

Section 1 Summary

Full Name: **Robert Andrews**

Date of Birth: **01/02/1977**

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

Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this information you provided on the Form I-9, along with the citizenship or immigration status you selected, and all information and documents correct.

You are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.

- ☒ By checking this box, I attest that I have read, understood, and agree to the statements above
- ☒ By checking this box, I consent to provide an electronic signature in connection with this Form I-9 and understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click 'Electronically Sign' to complete your electronic signature. ⓘ

Question

What is the name of the hospital where you were born?

Answer

New York City Hospital

Employee is prompted to provide a memorable answer to the signature question (or enter a 4-digit PIN).

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

Signing Section 1

Guardian

Electronic Signature

You, the employee, must sign the Form I-9 by checking the information you provided on the Form I-9, along with the correct.

You are aware that you may face severe penalties provided completing this form.

- ☒ By checking this box, I attest that I have read, understood,
- ☒ By checking this box, I consent to provide an electronic document by hand,

Please select an identity question from the dropdown list.

Question

What is the name of the hospital where you were born?

Answer

New York City Hospital

- ☒ Send me proof of my electronic signature

Email Address *

Robert.Andrews@test.com

I-9 No. 100004

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 Attention.
- 4) Has attached his/her electronic signature at the bottom of Section 1, thereby attesting as indicated on the Form I-9.

Name of Employer

G2 basic company

Name of Employee

Andrews, Robert

Date section 1 signed

12/13/2016 @ 09:26:14

Optionally, the employee may receive a receipt of their Electronic Signature by clicking the checkbox and providing an email address.

The receipt will be emailed, and certifies the completion of Section 1 by the employee.

signature will be binding as though I had physically signed this

signature. 

Signing Section 1

The employee then clicks the Electronically Sign button to proceed.

Guardian

Electronic Signature

You, the employee, must sign the Form I-9 by checking the boxes below and providing the requested identity information. By signing this form, you are attesting under penalty of perjury that the information you provided on the Form I-9, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct.

You are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form.

- ☒ By checking this box, I attest that I have read, understood, and agree to the statements above
- ☒ By checking this box, I consent to provide an electronic signature in connection with this Form I-9 and understand that my electronic signature will be binding as though I had physically signed this document by hand.

Please select an identity question from the dropdown list, provide an answer, and click 'Electronically Sign' to complete your electronic signature. ⓘ

Question
What is the name of the hospital where you were born? ▼

Answer
New York City Hospital

- ☒ Send me proof of my electronic signature

E-mail Address *
Robert.Andrews@test.com

Electronically Sign

Section 1 Completed

The employee finishes the last step in the process of Section 1 by clicking the **Complete** button.

Section 1 Completed



You have successfully completed Section 1 of the Form I-9. Next, the I-9 Verifier will take over to complete the remainder of the form.

Click Complete to finish your portion and return control of the device to your I-9 Verifier.

Complete

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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| 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 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 | 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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | | |
| 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. Voter's registration card | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | | |
| 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 | 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) |
| | | | |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | For persons under age 18 who are unable to present a document listed above: | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | | |
| | | 10. School record or report card | 7. Employment authorization document issued by the Department of Homeland Security |
| | | 11. Clinic, doctor, or hospital record | |
| | | 12. Day-care or nursery school record | |



Thank you