

How to Fill in section 1

<u>Help File</u>

This document describes the steps involved in filling the section 1 of Form I-9.



Abstract:

Newly hired employees must complete and sign Section 1, no later than the first day of the employment. Section 1 should never be completed before you have accepted the job offer. The HR enters the necessary information of the new employee using either the Quick-Invite or Wizard method. Subsequently, the new hire will receive an email containing a link that directs them to a portal where they can conveniently complete Section 1 of the process. The Employee must complete each field in Section 1 as described below.

Steps to Follow:

1. Upon receiving an invitation from the HR department to complete Form I-9, the new employee will be sent an email containing a link. The employee is required to click on the provided link, to fill in the Section 1.



2. In the corresponding "I-9 Forms Details Entry" page, complete the required details.

= 	Please verif	n Details En by your Name displa outton to proceed t	ayed below. If these a	are correct, enter the characters displayed belo	w in the text box and click on the
Employee C Select Lang		English	~	Employee Name: Michael Type the code from the image	TWKEQ

3. Download the Instruction manual to complete the Section 1, and click on "CONTINUE".

Important Notes If you are not Michael Test please do not proceed further and exit now. Your IP address will be logged for security and audit purpose.
Instructions for completing Section 1 of the Form I-9
Continue Exit

4. Complete the mandatory fields in the Section 1 of the Form I-9, and click on "SAVE & CONTINUE".

			tment of l	Homeland					USCIS Form I-9 OMB No.1615-004 Expires 07/31/2026
TART HERE: Employers must ailing to comply with the require INTI-DISCRIMINATION NOTICE: mployees for documentation to vi- supplement B, Reverification and Section 1. Employee Informa- tay of employment, but not b	All emplo arify inform Rehire. Tr ation and	r completing the oyees can choose ation in Section eating employee Attestation: I	is form. See e which acce 1, or specify s differently t Employees	below and ptable docum which accep based on the	the Instruction mentation to pro- table document ir citizenship, in	esent f ntation mmigr	for Form I- n employee ration statu	9. Employe es must prese is, or nationa	rs cannot ask ent for Section 2 or I origin may be illega
Last Name (Family Name)		First Name (Giv			Middle Initial (if	iany)	Other Las	t Names Used	(if any)
Address (Street Number and Name)		Apt. N	umber (if any)	City or Towr	1			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.	S. Social Se	curity Number	Employee's	Email Addres	S			Employee's 1	Telephone Number
I am aware that federal law provides for imprisonment and fines for false statements, or ti use of false documents, in connection with the completio this form. I attest, under penal of perjury, that this information including my selection of the b attesting to my citizenship or immigration status, is true and correct.	l/or ne n of ty n, eox	 k one of the follow 1. A citizen of the 2. A noncitizen n 3. A lawful perma 4. A noncitizen (c a check Item Number USCIS A-Number 	United States ational of the U anent resident (other than Item	Inited States (S Enter USCIS of Numbers 2. a	See Instructions. or A-Number.) [ind 3. above) au) thorized	d to work ur	ıtil (exp. date, i	of the instructions.): if any) ad Country of Issuance
Signature of Employee					Today's	s Date '	(mm/dd/yyy	v)	

5. Modify the details entered by using "Change Information" button on the "Employee Review" page.

This information should be reviewed and completed by the employee who prepared the I-9 form.							
ter verifying that the inform	ation is correct, complete the signature bloc	k at the bottom of the page. You can make cha	nges to the information by clicking on the link below the information.				
First Name	: Michael	Last Name	: Test				
Other Last Names Used	:	Date Of Birth	: 03/30/1980				
Date Of Hire	:	Address	: 1734 Selah Way Brattleboro, VT 05301, Vermont, Vermont, 05301				
Social Security #	: 232-43-4343	Citizen Type	: A citizen of the United States				

Complete the Initial & Secondary Verification Question with the answer. Click on **"CONTINUE"**.

Employee Electronic Signature (English/Espanol)
 I certify that the information provided is correct and authorize my electronic signature to be applied on Form I-9 and related supporting documents provided.
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 understand that my employer will electronically verify work authorization with the U.S. government on the basis of the information provided on the form.
 You have the right to request paper copies of these electronic records at any time. Please note that your electronic signature in electronic records is legally binding equally as though you signed physical paper versions of the documents with your handwritten signature.
Initial :*
Secondary Verification Question 🔸 Choose your secondary verification question
Answer :*
Continue Back

6. If you're making use of a translator to complete I-9, make sure to check the appropriate check box indicating the same. Click on **"Continue"**.



 The success message would be displayed with an option to "View Receipt", "View/Print Receipt" & "Send Receipt".

Dear	r Michael Test,
one	have successfully completed section 1 of form I-9. Please review the list of acceptable documents and choose one of two options. Either select document from list A or a combination of one document from list B and another from list C. The original and unexpired documentation should resented to your employer no later than three days after your first day of employment. Thank you for your cooperation.
۲	View Receipt 💿 View/Print Receipt 🔊 Send Receipt

8. Choose the documents that has to be uploaded from the below Lists, Upload it and click on "EXIT".



The document cannot exceed 5MB in size, as it is the r	naximum allowed limi	L.		
Document Type *	Select File	.jpg, .pdf, .gif, .bmp, .jp	eg, .png, .doc, .docx) *	
A	~	s	Select	
Reduce file size				
		Upload		
		Opioad		
contact your HR or Administrative contact to	complete your e	mployment eligibilt	y verification immediately.	