Completing I-9 Sections 1 and 2 through I-9 Virtual

This guide offers a step-by-step process for accessing and completing your I-9 Employment Authorization Requirement using I-9 Virtual to ensure a smooth and efficient verification of your employment eligibility. It provides clear instructions on navigating the platform, entering personal information, uploading necessary documents, and connecting with an agent for final verification.

1

Navigate to I-9 remote link provided to you in your Welcome Email. This will navigate you to Section 1 of the I-9 Employment Authorization Requirement.

2 Click on the location dropdown to choose location that you will be working under Trinity Health. Example: "St. Joseph's Hospital Syracuse"

FURM 1-9 EMPLOYMENT AUTHORIZATION	KEYUKEMENI
Welcome to Onboarding.	LOCATION*
This site provides access to create your New Hire Packet.	₿ ~
To begin, enter your Location.	
Please select the location that is listed in your offer letter. This information is only used to identify your account and it is protected by industry standard SSL encryption.	I don't know my location AH/SM Medical Group
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Trequired tields	Burdett Care Center
	Coventry
2024 Equifax, Inc., All rights reserved	Default
Privacy Policy Terms of Use	Diley Ridge Medical Center
	Friedman VIg at St Francis
	Glacier Hills
	Gottlieb Memorial Hospital
	Hackley Health Ventures Inc
	Heritage Place
	Highland Haven
	Holy Cross Germantown Hospital
	Holy Cross Health
	Holy Cross Health Network
	Holy Cross Hospital
	Holy Cross Hospital-Florida
	They cross trospital Frontia

Click "Continue" once you have selected your location.

3

FORM I-9 EMPLOYMENT AUTHORIZATIO	IN REQUIREMENT	
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site provides access to create your New Hire Packet.	Holy Cross Hospital-Florida	~
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4 Enter your personal information.

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Personal Information			Personal Information
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19	Social Secondy Number*	Confir	m Social Security Number*
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	Please check if you are a Foreign N. Yes No First Name (Given Name)*	ational authorized to work in the Middle Initial	US Last Name (Family Name)*
	Email Address	Teleph	ione
	Email Address	Teleph (xxx	ione X) XXX-XXXXX

Once you have entered your personal information and identifiers, Read and
acknowledge information by initialing under the "Signature" section and click
continue.

	Zip code*	City*	State
	83702	Boise	ID
	County*		
	Ada	~	
	SIGNATURE		
	By electronically signing this door Agree that your initials, in o Agree that because an elec that you will not disclose yo Understand that a record or Actors that the information documentation.	ument below, you: onjunction with your personal password that you used to tronic record or transaction undertaken with your passwo uur password to another person. r signature may not be denied legal effect or enforceabilit you have provided is correct to the best of your knowledg	gain access to the system, will id ard will be attributed to you, it is en ty solely because it is in electronic ge, and understand that such infor
4 Equation, Inc., All rights reserved may Policy Terms of Line		« BACK	CONTINUE»

6 Click "Yes" or "No" if you have a Visa	ı.
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	VISA ACKNOWLEDGEMENT CUSTOM Chucky Cheese, Standard, Holy Cross Hospital-Florida
EMPLOYMENT CENTER	
Personal Information	
Vise Acknowledgement Custom	Do you have a Visa 7
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	SIGNATURE
	By initialing the box below I certify that the above information is true and correct, and I agree to the conditions Enter your initials:

7 Read and acknowledge information by initialing under the "Signature" section.

	VISA ACKNOWLEDGEMENT CUSTOM Chucky Cheese, Standard, Holy Cross Hospital Florida
EMPLOYMENT CENTER	
Personal Information	
Visa Acknowledgement Custom	Do you have a Visa 7
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	SIGNATURE By initialing the box below I certify that the above information is true and correct, and I agree to the conditions Enter your initials

8 Click "Continue"

SIGNATURE		
By initialing the box below I certify that the c	ibove information is true and correct, and I agree to the conditions of hiring	g.

9 In next section, you will enter your Hire Date on your offer letter. Enter your Citizenship Attestation and confirm if you did or did not utilize a preparer and/or translator.



Click "Continue".

 2. A nonditizen national of the 3. A lawful permanent residen 4. A nonditizen authorized to v 	united states (see Instructions)	
Preparer and/or Transla	tor Certification 💡	
I did not use a preparer or training	islator.	
O A preparer(s) and/or translato	(s) assisted the employee in completing Section 1.	

11 Read and Acknowledge information by checking the checkbox under "Employee Electronic Signature".

Date of Birth: 09/15/2000
U.S. Social Security Number: X00-00-7891
Address 1336 State Seize ID 83702
Address: 129-5184 5055, 10 5702 E-mail Address: Churkwähet com
Telephone Number: 2087475695
Work Status: A Citizen of the United States
Hire Date on Offer Letter:: 11/18/2024
EMPLOYEE ELECTRONIC SIGNATURE
Employee Streature to Epstich 1 Etrea del emploado en prosão
Ensidence six bacare in chiestan (Perma dei ensidence en estance)
I attest that I have read, understand, and agree to the statements appearing in the form I-9 in addition to the following:
By providing your signature below, you:
By hecking this deckbox, I attest that I have read, understand, and agree to the statements appearing on the Form I-9 above in additional terms and the statements appearing on the Form I-9 above in additional terms and the statements appearing on the Form I-9 above in additional terms and the statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on the Form I-9 above in additional terms are statements appearing on terms are statements are statements appearing on terms are statements are statement
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 Understand that the employer may electronically verify your work authorization with the United States Government.
ZFEd# Personal Info

0.5. 500	ter security number: AAA-AA-7891	
Addres	s: 1234 State Bolse, ID 83702 Address: chuckv⊜test.com	
Telepho	one Number: 2087475695	
Work S	tatus: A Citizen of the United States	
Hire Da	te on Offer Letter:: 11/18/2024	P
EMP	PLOYEE ELECTRONIC SIGNATURE	
Emol	ovee Signature in English Eirma del empleado en español	
1 atte	st that I have read, understand, and agree to the statements appearing in the form I-9 in addition to the following:	
By pr	oviding your signature below. you:	
By fol	checking this deckbox, I attest that I have read, understand, and agree to the statements appearing on the Form I-9 above in addition to the lowing:	
:	Agree to electronically sign this document. Understand that federal law provides for imprisonment and/or fines for faise statements or use of faise documents in connection with the completion of this form.	
•	Understand that the employer may electronically verify your work authorization with the United States Government.	

Next steps include loading your documents. Ensure you have these saved and/or 13 ready to capture.



You will need 1 item from List A OR 1 item from List B and 1 item from List C to 14 verify your I-9.

If your employer participates in the Department of Homeland Security's E-Verify program to verify employees work authorization please note that any identity document you present must contain a photograph.

When you completed Section 1 of the Form I-9 you provided your electronic signature, which will be applied to Further Action Notices issued through the E-Verify program. Such notices are issued when there is a tentative non-confirmation (TNC) due to a discrepancy in the information and you decide to contest/not consent the TNC issued by either the Social Security Administration or Department of Homeland Security.

LIST A DOCUMENTS

LIST B DOCUMENTS

T

with Photo

- U.S. Passport or U.S. Passport Card
- · Driver's License Issued by State or Possession• Social Security Account Number Card
- ID Card Issued by State or Possession with
 Original Birth Certificate or Certified Copy Photo
- ID Card Issued by Federal, State, Possession
 Form FS-545 Certification of Birth Abroad or Local Government with Photo
- School ID Card with Photo
- Voter's Registration Card with Photo
- · U.S. Military Card
- Military Dependent's ID Card
- U.S. Coast Guard Merchant Mariner Card
- · Canadian Driver's license

LIST C DOCUMENTS

- Without Employment Restriction
- with Official Seal
- from Dept. of State
- Form DS-1350 Certification of Report of Birth from Dept. of State
- Form F5-240 Consular Report of Birth Abroad from Dept. of State
- Native American Tribal Document
- Native American Tribal Document who Photo
 Form I-197 U.S. Citizen ID Card
 - · Form I-179 ID Card for Use of Resident Citizen in the U.S.
 - Employment authorization document issued by DHS (US Citizen or Non-Citizen)

See below of examples of documents to upload or view additional information through Equifax Workforce Solution by clicking <u>HERE</u>.

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List A Documents example (U.S. Passport shown below but other documents can be chosen from list of acceptable documents).



List B Document example (Driver's License shown below but other documents can be chosen from list of acceptable documents).



List C Document example (Social Security card shown below but other documents can be chosen from list of acceptable documents).

(i)



15 Once you are ready to upload your documents, Click "Continue".



Choose your Document Types.

DOCUMENT SELECTION				
The employee must prove the documents before you continu Please view the list of acceptal	r identity and authorization to work ie. The documents must match the ile documents in CP <u>USCIS website</u> .	c in the United States by prese employer's citizenship status.	nting their documents to a reviewer	Review the list of acceptable
Select a presented documen				
Document Type	51			
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17 Click "Continue".

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18 Select Document Type and click "Choose File" and attach document.





ei 🖺		S. Click the Attach button. A. The document you attached is displayed S. Attach the next document. G. When all documents are uploaded you in Note: The maximum file size that can be upload Important! The documents you attach will Ni documents.	ay click the Finished button. ed is 5109 KB. OT be saved until you click Finished. You r	nay not click the Finisher
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Upload your documents.



21 Click "Finished" once you have added all your required documents.



22 Verify that your documents have uploaded successfully.



Click Continue.



24 Next Steps will be to connect with a representative to verify your uploaded documents.



25 Click "Connect with Agent".

Are you ready?

Before starting, confirm you have the original card or paper version of your documentation, and are ready to show it to a are not allowed to show a screenshot, picture or photocopy of your documentation.

The call center hours displays on the 'connect with agent' page. 'Agents are available 7am - 6pm CST, Mon-Fri'

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et with Agent to complete your document review.

26 Once you are connected with an agent, you will be welcomed by an agent to verify Section 2 of the I-9 Verification process.

27 You will be asked to verify your name and employer.

28 You will be asked to verify document type uploaded in Section 1 and they will ask you to show front and back portions of the document to verify.

29 Once your documents have been verified through the Virtual verification process, your I-9 process will be complete.