

NEW HIRE AND UTOLEDO REPRESENTATIVE | User Guide

March 2022



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(CLICK ON THE CONTENT TO GO DIRECTLY TO IT)

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ACCESS INTELLICORP ACCOUNT

UTOLEDO REPRESENTATIVE: Access the IntelliCorp website by going to <u>www.intellicorp.net</u>. In the upper right hand corner, click the "Sign In" button.



UTOLEDO REPRESENTATIVE: Enter User ID and Password and click the "Login" button.

Sign In

*Password entry is CASE sensitive. **Entries must be keyed in - do not use your copy & paste function.

User ID

Password

Forgot your User ID or Password?

LOGIN

UTOLEDO REPRESENTATIVE: From the IntelliCorp Homepage, hover over the "Post Employment" section on the toolbar and select "I-9 | E-Verify Menu".



• UTOLEDO REPRESENTATIVE: Access the necessary section of the Compliance Dashboard or one of the links from the menu on the left.

Home Perform a Search Post Emplo	oyment Results Center Your Account	Help	
Form I-9 New Electronic Form I-9 Pending Form I-9 Archived I-9	Compliance Dashboa	ard	Company View Hierarchy View
E-Verify	Summary		
New Electronic Verification Request Pending EVP Request Archived EVP	Electronic I-9	Scanned I-9	Total
Reports	Active Employees 0	Active Employees	0 Active Employees 0
Dashboard Company Level Reports	Terminated Retain 0	Terminated Retain	0 Terminated 0 Retain
Resources <u>Help</u> USCIS – I-9, Employment Eligibility Verification <u>USCIS – I-9, Verifying New & Existing Employees on</u> Form I-9	Reverification Due 0	Reverification Due	0 Reverification Due 0
USCIS – 1-9, Handbook What is E-Verify? E-Verify FAQ	Electronic I-9 [Action Required]		
	Reverification Expired 0	Expired Scans	0 Pending I-9 0
	Receipt Update 0 Due/Expired	E-Verify Due	0 Documents 0
	L		

oror, Employment corcoming (Foror)

NEW HIRE | SECTION 1 OF THE FORM I-9 REMOTE ACCESS INVITATION

UTOLEDO REPRESENTATIVE: From the Compliance Dashboard, scroll down to the bottom, and **click** either "Section 1 Pending" OR "Section 1 Complete" identifier Important information

			Company View	Hierarchy View
	All			*
Scanned I-9			Total	
Active Employees	1	Active Employees		4
Terminated Retain	0	Terminated Retain		0
Reverification Due	0	Reverification Due		0
				_
Expired Scans	0	Pending I-9		0
E-Verify Due	0			
Section 1 Complete	2			
	Scanned I-9 Active Employees Terminated Retain Reverification Due Expired Scans E-Verify Due Section 1 Complete	Image: section 1 Section 1 Section 1 Complete	All Scanned I-9 Active Employees 1 Terminated 0 Reverification 0 Due 0 Expired Scans 0 Everify Due 0 Section 1 2	All Scanned I-9 Total Active Employees 1 Terminated 0 Reverification 0 Due 0 Expired Scans 0 Everify Due 0 Section 1 2

UTOLEDO REPRESENTATIVE: Click "Manage Access"

To create and manage Remote Access click button below:



 UTOLEDO REPRESENTATIVE: Enter <u>new hire</u> information "Last Name" "Eirst Name" and "Email" address

	Last Name, Thist Name, and Lin		uuress	
	Create a Remote Access Invitation	-	NEW HIRE	
l				○ Section 1
l	Last Name:			O Form I-9
l	First Name:			
	Email:			Send invitation copy
	Send confirmation to:			Send completion email
l	E-Signature required: 🗹			Send Invitation

- The Send confirmation to: This data field is for the HR/UTOLEDO REPRESENTATIVE representative to receive an e-mail notification as soon as the <u>new hire</u> completes his/her Section 1 remote invitation (given the "Send completion email" check-box (on the right) is checked)
- UTOLEDO REPRESENTATIVE: **Enter** (HR/UTOLEDO REPRESENTATIVE representative) e-mail address

Create a Remote Access Invitati	on
Last Name: First Name:	O Section 1 O Form I-9
Email:	Send invitation copy
Send confirmation to:	Send completion email
E-Signature required: 🗹	Send Invitation

E-Signature required: By default, the check-box is already checked, if not please ensure that it is

The Send invitation copy check-box, if that is checked, then the HR/UTOLEDO REPRESENTATIVE will receive the same Section 1 remote invitation e-mail the <u>new</u> <u>hire</u> receives

Create a Remote Access Invitation	
Last Name:	O Section 1 O Form I-9
Email:	Send invitation copy
Send confirmation to:	Send completion email
E-Signature required: 🗹	Send Invitation

UTOLEDO REPRESENTATIVE: Select either "Section 1" OR "Form I-9" option

-"Section 1" option = On Campus = New Hire **only** complete the Section 1 of the Form I-9

-"Form I-9" option = Remote - New Hire can designate an individual to act as the auth rep. for Section 2 completion. Your HR Representative can assist you in finding an auth rep.

Create a Remote Access Invitati	on	
Last Name: First Name:		O Section 1 O Form I-9
Email:		Send invitation copy
Send confirmation to:		Send completion email
E-Signature required: 🗹		Send Invitation

UTOLEDO REPRESENTATIVE: **Click** "Send Invitation" to send out the Section 1 remote invitation e-mail to the <u>new hire</u>

Create a Remote Access Invitat	tion	
Last Name:		○ Section 1 ○ Form I-9
First Name:		
Email:		Send invitation copy
Send confirmation to:		Send completion email
E-Signature required: 🗹		Send Invitation

Website refreshes

Confirmation from the system

Create a Remote Access Invitation	
Last Name:	Section 1
First Name:	
Email:	Send invitation copy
Send confirmation to:	Send completion email
E-Signature required: 🗹	Send Invitation
	Invitation successfully sent.

NEW HIRE | SECTION 1 OF THE FORM I-9 REMOTE ACCESS INVITATION | COMPLETE SECTION 1

NEW HIRE/EMPLOYEE: Received 'Section 1 (ONLY) Remote Invitation E-mail' from UTOLEDO REPRESENTATIVE
 Sample



NEW HIRE/EMPLOYEE: **Review/Read** the email instructions then log in with the following information:

NEW HIRE/EMPLOYEE: **Click** the "<u>the section 1 login page here</u>" hyperlink NEW HIRE/EMPLOYEE: **Enter** the "First Name" NEW HIRE/EMPLOYEE: **Enter** the "Last Name" NEW HIRE/EMPLOYEE: **Enter** the "Login ID"

Section 1 L	ogin
First Name:	
Last Name:	
Login ID:	
	Log In

- NEW HIRE/EMPLOYEE: Click "Log In"
- NEW HIRE/EMPLOYEE: Complete Section 1 of the electronic Form I-9
 - EMPLOYEE: Last Name
 - EMPLOYEE: First Name
 - EMPLOYEE: Middle Initial (if applicable)
 - EMPLOYEE: Other Last Names Used (if any)
 - EMPLOYEE: Address
 - EMPLOYEE: Apt. Number (if applicable)
 - EMPLOYEE: City or Town
 - EMPLOYEE: State
 - EMPLOYEE: Zip
 - EMPLOYEE: Date of Birth (mm/dd/yyyy)
 - EMPLOYEE: U.S. Social Security Number

Optional field

HOWEVER

It is required for E-Verify. Please only check the checkbox:

"SSN Applied For"

if the employee has applied for but not yet received his/her U.S. Social Security Number

Employee Information

► START HERE: Read instructions carefully before completing this form. The instructions must be available during completion of this form.

Click here to view Instructions

Click here to view List of Acceptable Documents

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.

Check box to show the Preparer / Translator section

Last Name		0
First Name		1
Middle Initial		٢
Other Last Names Used	(if any)	1
Address	Street Number and Name	0
Apt. Number		1
City or Town		1
State	- Select State - 🗸 🗸	1
Zip		1
Date of Birth	mm/dd/yyyy	1
U.S. Social Security Number		1
Email	OPTIONAL	1
Telephone Number	OPTIONAL	1

- ◆ NEW HIRE/EMPLOYEE: **Click** the "Next" button to continue
- NEW HIRE/EMPLOYEE: Select 'Citizenship Status' Section 1 of the electronic Form I-9

Employee Information	Citizenship Status	Employee eSignature	Complete
	Citizens	hip Status	
am aware that federal law connection with the comp attest, under penalty of pe	provides for imprisonment a letion of this form. rjury, that I am (check one o	ind/or fines for false statements or if the following):	use of false documents
A citizen of the United	States 🕐		
A noncitizen national o	f the United States (See.	instructions) 🕐	
A lawful permanent res (Alien Registration Numb	sident (†) er/USCIS Number)(†)		~
An alien authorized to	work until 🕅		
(Expiration date, if applic	able, mm/dd/yyyy)®		
Some aliens may write "N N/A - Not Applicable Aliens authorized to work An Alien Registration Nur Number.	KA" in this field. must provide only one of th hiter/USCIS Number OR For	e following dacument numbers to m I-94 Admission Number OR Fon	complete Form I-9: sign Passport
01. Alien Registration	Number / USCIS Number	:@	~
OR			
2. Form I-94 Admissi	on Number: 🕐		
OR			
ි 3. Foreign Passport	Number: 🕐		
Country of Issuance	•		~

- ◆ NEW HIRE/EMPLOYEE: **Click** the "Next" button to continue
- NEW HIRE/EMPLOYEE: Choose the "Security Question"
- NEW HIRE/EMPLOYEE: Enter the answer to the "Security Question"



NEW HIRE/EMPLOYEE: Click the "Sign" button to complete the electronic signature process (Section 1)

<u>AT THIS STEP</u>: The NEW HIRE/EMPLOYEE will wait for the system to finalize the electronic signature process, and a confirmation page will be displayed

Step 1 Employee Information	Step 2 Citizenship Status	Step 3 Employee eSignature	Step 4 Complete
Employee eSign Electronic Signature is VERI I am aware that federal law p statements or use of false de Instant Signature Doe, John electronically signed the Form I-9, 10/21/2019, date Monday, March 28, 2022 B	ature Result IFIED AND SECURE provides for imprisonment an ocuments in connection with ad ad 3:48 AM Pacific Time at the	d/or fines for false the completion of this form. Employee's signature line.	
Back			Sigr

Congratulations! You have completed Section 1 of the electronic Form I-9!



NEW HIRE | SEND REMOTE SECTION 2 INVITATION | DESIGNATED AUTHORIZED REPRESENTATIVE

- Once the New Hire has COMPLETED the Remote Section 1 of the Form I-9, a pop-up will appear asking them to send an email to the individual who will be completing Section 2 of the Electronic Form I-9.
- NEW HIRE: Enter the Last Name, First Name and Email Address of person they will meet with to complete Section 2.
- NEW HIRE: Click 'Send Invitation'.

SECTION & CHART MALLALLONA REGOD	51°	
	REQUIRED NEXT STEP - DO NOT	EXIT
Now you must select an individu the identity and Emplo You can provide any Document here	al to complete Section 2 of the Form I-9. This yment Authorization Documents that you p s from either List A or List B and C as outline to review those document options <u>LIST OF A</u>	individual will meet with you in person and record rovide them for Section 2 of the Form I-9. ed on the LISTS OF ACCEPTABLE DOCUMENTS. Click CCEPTABLE DOCUMENTS
MPORTANT: In order for you MUST meet this in Please enter the	to remain in compliance wit dividual in person and complete Section 2 of email address of the individual you have sele	th Department of Homeland Security requirements, f the Form I-9 within three business days. ected below and send the invitation.
1. Enter the Last Name and First Na person, so they can physically revie	me of the individual selected to complete Secti w your documents).	on 2 (this individual must be someone you will meet in-
Last Name:	First Name:	
2. Enter their email address		
Email:		
3. Confirm their email address		
Email:		
 Click "Send Invitation" and a sect completion process. 	rre link will be sent for Section 2 completion. Yo	u must be physically present during the Section 2
	Send Invitation	

New Hire may close the screen

AUTHORIZED REPRESENTATIVE | FORM I-9 REMOTE INVITATION | SECTION 2 COMPLETION

Authorized Representative: **Receive** a 'Section 2 Remote Invitation E-mail' from the employee/new hire

From: Form I-9 Compliance [mailto:services@formi9.com] Sent: Thursday, March 30, 2017 4:48 PM To: Kelly Randall To: Kelly Randall KRandall@formi9.com>	
Subject: Electronic Form I 9 Invitation (Company ID:	
Resources, Human has sent you an invitation to complete Section 2 of the Electronic Form I-9 as the Authorized Representative for	
Please visit the Form I-9 login page here and log in with the following information:	
First Name: John	
Last Name: Do	
Login ID: 713d0143da	

✤ Authorized Representative: Follow the instructions below:

Authorized Representative: **Copy** the "Login ID"

Authorized Representative: **Click** the "<u>the Form I-9 login page here</u>" hyperlink

Authorized Representative: Enter the "First Name"

Authorized Representative: Enter the "Last Name"

First Name:	
Last Name:	
Login ID:	

- ✤ Authorized Representative: Click the "Log In" button
- Authorized Representative: **Complete** Section 2 of the electronic Form I-9 with the employee present

EMPLOYEE INFORMATION: List A Document

<u>OR</u>

List B and List C Document

EMPLOYEE INFORMATION: First day of employment

Authorized Representative: Title of Employer or

Authorized Representative

Authorized Representative: Last Name

Authorized Representative: First Name

Employer Information: Employer's Business or Organization Name

Employer Information: Employer's Business or Organization Address

Employer Information: City or Tow n

Employer Information: State

Employer Information: Zip Code

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 a combination of one document from List B and one document form List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1 (?)	Last Name <i>(Family Name)</i> ⑦ [Employee Last Name Here]	First Na [Employ	me (Given Name) 🥐 ree First Name Here]	M.L 🕐 N/A	Citizenship/Immigration Status ⑦ 1
Li Identity and Emplo Special Rules	ist <u>A</u> syment Authorization <u>Document Samples</u>	OR	List B Identity Special Rules	AM	ID <u>List C</u> Employment Authorization Special Rules
Document Title: (2)		•	×	1	• •
Issuing Authority: ⑦		•	V	?	• 0
Document Number: 💿				?	0
Expiration Date (if any)(mm/dd/yyyy).	•			?	٢
Document Title: ⑦		•			
Issuing Authority: 😨		•	Additional Information	on	QR Code - Section 2 & 3 Do Not Write in This Space
Document Number: 🕐					
Expiration Date (if any)(mm/dd/yyyy).	•				
Document Title: ⑦		•			
Issuing Authority: 💿		•			
Document Number: 🕐					.h.
Expiration Date (if any)(mm/dd/yyyy).	• ?				1

Certification: 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/)	/////: ③		(See in	structions for exemp	tions)
Signature of Employer or Authorized Representative (?)	Today's Date (mm/	dd/yyyy): 🕐	Title of Er	nployer or Authorized Re	presentative 🝞
Last Name of Employer or Authorized Representative ⑦ F	irst Name of Employer or A	Authorized Repres	sentative 🕐	Employer's Business or O	rganization Name 🝞
Employer's Business or Organization Address (Street Nu	umber and Name) 🧿	City or Town	1 (?)	State 🝞	ZIP Code (?)

Save Print PDF Add eDocuments Add Notes Cancel

Authorized Representative: Click the "Save" button at the bottom of the electronic Form I-9

If there is no error, **check** the "Signature Validation" box (Signature of Employer or Authorized Representative) in Section 2 to electronically sign Section 2 of the Form I-9

Authorized Representative: Choose the Security Question

Make For	m I-9 Instructions /	Available - Click here to Print
First Name	МІ	Last Name
What is your mother's na	ame?	
What is your mother's nan	ne?	ntent
What is your father's name	27	
In what city were you born	?	(1) have reviewed and confirmed that
What is the birth date of yo	our son?	e block referenced above is true and
What is the birth date of yo	our daughter?	ction of the document, (3) freely intend
to create and are adoptin	g as their own a le	gally binding electronic signature on this

✤ Authorized Representative: **Type** in the answer to the "Security Question"

Make Form I-9 In	structions A	vailable - Click here to Print
First Name	MI	Last Name
What is your mother's name?		YOUR ANSWER HERE
	Hide co	ontent -
When the 'E-Sign Document'	<u>Hide cc</u> button below	v is clicked, the person named above
When the 'E-Sign Document' acknowledges, agrees and atte	Hide co button below ests that they and signatu	v is clicked, the person named above y (1) have reviewed and confirmed that
When the 'E-Sign Document' acknowledges, agrees and atte the information in the Section correct, (2) are the person nam	Hide co button below ests that they and signatu ed in that Se	v is clicked, the person named above y (1) have reviewed and confirmed that re block referenced above is true and action of the document, (3) freely intend
When the 'E-Sign Document' acknowledges, agrees and atte the information in the Section correct, (2) are the person nam to create and are adopting as th	Hide co button below ests that they and signatu ed in that Se weir own a leg	v is clicked, the person named above y (1) have reviewed and confirmed that re block referenced above is true and action of the document, (3) freely intend gally binding electronic signature on this

Authorized Representative: Click the "E-Sign Document" button to complete the electronic signature process (Section 2) <u>AT THIS STEP</u>: The Authorized Representative will wait for the system to provide the following pop-up window:

Click the following choice (below) for further instructions: "YES" CR "NO" (Select the following option: NO will exit the source and Section 2 of the Form | O is

(Select the following option: NO will exit the screen and Section 2 of the Form I-9 is completed!)

AUTHORIZED REPRESENTATIVE | DOCUMENTT UPLOAD

Authorized Representative: **Click** the "Add More Documents **b**" button to begin uploading the employee supporting document(s)

eDocuments for the eForm I-9 of [Employee Name Here],	Add More Documents 🗟	Finish
		Finish

Authorized Representative: **Click** the "Browse..." button to locate the file from your hard drive

Form 19 Secure Site
Select a file Browse No file selected. Upload Cancel Acceptable file types: Word Documents, Excel Spreadsheets, Images

Authorized Representative: **Click** the "Upload" button to upload the file you have selected





AT THIS STEP: The Authorized Representative can upload additional document by clicking on the "Add More Documents 🗟 " button

<u>OR</u>

Click on the "Finish" button to exit



Section 2 of the Form I-9 is completed! (Confirmation page sample image below)



UTOLEDO REPRESENTATIVE > COMPLETE SECTION 2 OF THE FORM I-9

UTOLEDO REPRESENTATIVE: From the Compliance Dashboard, scroll down to the bottom, and click the "Section 1 Complete" identifier

				<u>lm</u> j	<u>portant information</u>
Compliance Dashboard				Company View	Hierarchy View
		All			~
Summany					
Summary					
Electronic I-9	Scanned I-9			Total	
Active Employees	Active Employees	1	Active Employees		4
Terminated 0	Terminated Retain	0	Terminated Retain		0
Reverification 0	Reverification Due	0	Reverification Due		0
Electronic I-9 [Action Required]					
Reverification O	Expired Scans	0	Pending I-9		0
Receipt Update 0 Due/Expired	E-Verify Due	0			
Electronic I-9 [Section 1 Management]					
Section 1 Pending 4	Section 1 Complete	2			

 UTOLEDO REPRESENTATIVE: Enter the last name <u>OR</u> the full/partial(last four) social security number to conduct a search OR

UTOLEDO REPRESENTATIVE: **Click** the " 🗐 " icon corresponding to the new hire/employee name

			E-Fo	rm I-9 Sectio Comple	n 1 Forn ete	ns (3)					
Search Clear Search You can search by last name or full/partial SSN To sort the list below, click on the title of the column you'd like to sort by.											
FormI9PK <u>Name</u>	eForm I- 9	<u>Entry Method</u>	<u>Status</u>		<u>Parentid</u>	<u>PartnerRequestID</u>	<u>SSN</u>	<u>Hire Date</u>	Enter Date •	Туре	Delete
31928721 Doe, John		Employee	Complete	demoutoledo	UToledo				3/24/2022	F 9	3
31898510 Cook, David		Employee	Complete	demoutoledo	UToledo		4234		3/21/2022	F 9	0
31892045 Cook, David		Employee	Complete	demoutoledo	UToledo		4234		3/21/2022	[•9	0
3 Records in 1 Page(s)				Display 12]	Records per Pa	ge	Go			
Page 1 of 1 Go									⊲ Pr	evious	Next 🕨

✤ UTOLEDO REPRESENTATIVE: Complete Section 2 of the electronic Form I-9

EMPLOYEE INFORMATION:	List A Document	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 employer's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document form List C as listed on the "Lists of A coeptable Documents." Employee Info from Section 1 Last Name (Family Name) First Name (Given Name) MI. © Citizenship/Immigration Status ®							
	List B and List C Document	Employee Info from Section	1 Last Name (Fami Doe	ly Name) 🕐 🛛 Fi Ji	st Name <i>(Given I</i> hn	lame) 🕐	MJ. 🕐 N/A	Citizenship/Immigratio 1	n Status 🕐
EMPLOYEE INFORMATION:	First day of employment	Identity and Er	List A mployment Authoriz	ation	OR	List B Identity	A	ND L Employmer	ist C at Authorization
		Document Title: ⑦	Select a Document		Select	a Docun	• 0	Select a Doct	ın 🔹
		Issuing Authority: ⑦					• ⑦		• ?
Authorized Representative:	Title of UTOLEDO	Document Number: 📀					0		1
Authonzeu Representative.	REPRESENTATIVE or	Expiration Date (if any)(mm/dd/	NNN): ⑦				0		1
	Authorized Pepresentative	Document Title: ⑦							
		Issuing Authority: ⑦			Additi	unal Inform	ation 🕐	QR Code - Do Not Write	Section 2 & 3 in This Space
Authorized Representative:	Last Name	Document Number: ⑦							
Authorized Representative:	First Name	Expiration Date (if any)(mm/dd/	Expiration Date (if any)(mm/dd/yyyy): 3						
		Document Title: ⑦	ent Title: (2)						
		Issuing Authority: ⑦							
		Document Number: ⑦			41				
UTOLEDO REPRESENTATIVE	UTOLEDO	Expiration Date (if any)(mm/dd/	ww): ⑦						
Information:	REPRESENTATIVE 's	Certification: I attest, under p above-listed document(s) ap	enalty of perjury, that pear to be genuine a wited States	at (1) I have exa and to relate to	mined the docu he employee n	ment(s) pro amed, and	esented by (3) to the b	the above-named est of my knowledg	employee, (2) the je the employee
	Business or Organization Name	The employee's first day of employment (mm/dd/yyyy): (2) (See instructions for exemptions)							
		Signature of Employer or Author	rized Representative 🤅	Today's Dat	e (mm/dd/yyyy): 🔇) Titi	e of Employe	r or Authorized Repre	sentative ⑦
UTOLEDO REPRESENTATIVE	UTOLEDO	Signature Validation		03/28/202	2				
Information:	REPRESENTATIVE's Business or Organization	Last Name of Employer or Authorized Representative ⑦ First Name of Employer		ver or Authorized Representative ⑦ Employer's Business or Organizatio			ization Name 🕐		
		Employer's Business or Organization Address (Street Number and Name)		e) ⑦ City o	Town 🕐		State 🕐	ZIP Code 🕐	
	Address	Demo - 2801 W. Bancroft S	t		Tole	to		ОН 🔻	43606
UTOLEDO REPRESENTATIVE Information:	City or Town		Save	nt PDF Add	eDocuments	Add Note	es Ca	ncel	
UTOLEDO REPRESENTATIVE Information:	State								
UTOLEDO REPRESENTATIVE	Zip Code								

Information:

UTOLEDO REPRESENTATIVE: Click the "Save" button

-If there is no error, **check** the "Signature Validation" box (Signature of UTOLEDO REPRESENTATIVE or Authorized Representative) in Section 2 to electronically sign Section 2 of the Form I-9



- ◆ UTOLEDO REPRESENTATIVE: **Choose** the "Security Question"
- ◆ UTOLEDO REPRESENTATIVE: **Enter** the answer to the "Security Question"

Section 2 Employer Sign	ature - Instar	nt Signature					
To E-Sign: Confirm name is c Sign Document'.	orrect, select an	nd answer security	question, then click 'E-				
Make Form I-	9 Instructions Av	vailable - Click hen	e to Print				
First Name	MI	Last Name					
Rep		Auth					
What is your mother's name?		•					
	Hide co	ontent					
When the 'E-Sign Document' button below is clicked, the person named above acknowledges, agrees and attests that they (1) have reviewed and confirmed that the information in the Section and signature block referenced above is true and correct (2) are the person named in that Section of the document, (3) freely intend to create and are adopting as their own a legally binding electronic signature on this electronic document that carries the same legal sect and enforceability as their handwritten signature; and (4) understand that they may refuse to sign this -							
4			•				
	E-Sign Docum	ent Withdraw C	onsent Sign On File				

- UTOLEDO REPRESENTATIVE: Click the "E-Sign Document" button to complete the electronic signature process (Section 2)
- UTOLEDO REPRESENTATIVE: **Click** the "Close Form" button to close the confirmation window



Congratulations! You have completed Section 2 of the electronic Form I-9!

UPLOAD SOURCE DOCUMENT(S) TO THE ELECTRONIC FORM I-9 RECORD

- UTOLEDO REPRESENTATIVE: View the electronic Form I-9 that is in question
- UTOLEDO REPRESENTATIVE: Scroll down to the bottom of the page
- UTOLEDO REPRESENTATIVE: Click the "Add eDocuments" button

Last Name of Employer or Authorized Representative ⑦ Rep	First Name of Employer or A Auth	uthorized Representative ⑦ Employer's Business or Organization Name ⑦ Demo - Utoledo				
Employer's Business or Organization Address <i>(Street a</i> Demo - 2801 W. Bancroft St	Number and Name) ⑦	City or Town ⑦ Toledo	Town 🕐		ZIP Code ⑦ 43606	
Pri	nt PDF Add eDocu	ments Add Notes				

 UTOLEDO REPRESENTATIVE: Follow the instructions being prompted to you NOTE:

-If you are using mobile device (smart phone/tablet), you must take a picture of the provided document(s), then upload to the system -If you are using personal computer/laptop, you must photocopy the provided document(s) to your hard-drive, then upload to the system

COMPLETE SECTION 3 UPDATE

- UTOLEDO REPRESENTATIVE: View the electronic Form I-9 that is in question
- UTOLEDO REPRESENTATIVE: Scroll down to the bottom of the page
- UTOLEDO REPRESENTATIVE: Click the "Add New Section 3" button

Last Name of Employer or Authorized Representative ⑦ Rep	First Name of Employer or Aut Auth	horized Representative 🕐	Employer's Business or Organization Name (2) Demo - Utoledo		
Employer's Business or Organization Address (Stree	t Number and Name) 🕐	City or Town 🕐	1	State 🕐	ZIP Code 🕐
Demo - 2801 W. Bancroft St	Toledo		ОН 🔻	43606	
	Section 3 Undating an	d Reverification			
	Add New Sec	tion 3			

Here are the instructions for Section 3 update:

BLOCK A: New Name

Complete BLOCK A if the employee has a new name

BLOCK B: Date of Rehire

- Complete BLOCK B if the employee is a rehire
- The Rehire Date cannot be more than three (3) years from the original Date of Hire

BLOCK C: Employment Authorization

- Choose appropriate Document Title
- Enter the Document Number
- Enter the Expiration Date

UTOLEDO REPRESENTATIVES SHOULD NOT RE-VERIFY:

- U.S. Citizens and Non-citizen nationals
- Lawful permanent residents who presented a Form I-551, Permanent Resident or Alien Registration Receipt card for Section 2. (This includes conditional residents.
- List B Documents

A. New Name (if applicable) 🕐				B. Date of Rehire (if applicable)
Last Name (Family Name) 🕐	First Name (G	iven Name) ⑦ Mido	le Initial 🕐	Date (mm/dd/yyyy): 3
C. If employee's previous grant of employeent authorization in the sec	ovment authorization	has expired, provide the inform	ation for the docu	nent or receipt that establishes continuing
employement autionzation in the spa	ice provided below.			I
Document Title: ③		Document Number: ⑦		Expiration Date (if any)(mm/dd/yyyy): ⑦
Document Title: ⑦		Document Number: ⑦		Expiration Date (if any)(mm/dd/yyyy): ③
Document Title: ③ Select a Document attest, under penalty of perjury, t he employee presented docume Signature of Employer or Authorized B	hat to the best of nt(s), the docume	Document Number: ⑦ my knowledge, this employ nt(s) I have examined apper	ee is authorized ar to be genuine	Expiration Date (if any)(mm/dd/yyyy): ③

TERMINATE AN ELECTRONIC FORM I-9 RECORD

- UTOLEDO REPRESENTATIVE: View the electronic Form I-9 that is in question
- ◆ UTOLEDO REPRESENTATIVE: **Scroll down** to the bottom of the page
- ◆ UTOLEDO REPRESENTATIVE: **Click** the "Terminate" button

Last Name of Employer or Authorized Representative ⑦ Rep	First Name of Employer or Authorized Representative ⑦ Employer's Business or Organization Name Demo - Utoledo			ization Name ⑦		
Employer's Business or Organization Address (Stree	t Number and Name) 🕐	City or Town 🕐		State 🕐	ZIP Code 😨	
Demo - 2801 W. Bancroft St	Demo - 2801 W. Bancroft St			ОН 🔻	43606	
Section 3 Updating and Reverification						
	Add New Sec	tion 3				
Home Delete Form I-9 View Audit	Trail				Terminate	

◆ UTOLEDO REPRESENTATIVE: Enter the termination date, then click the "OK" button

