

I-9HQ Form I-9 Completion Options

18 July 2024

In addition to our standard, electronic Form I-9 completion methods, I-9HQ also provides alternative options to create and manage Form I-9 records.

Option 1: Send Employee a Quickstart Link

I-9HQ's 'Quickstart' Packet Links allow your organization to easily furnish new hires with a generic link which they can use to complete a new Form I-9 Section 1 - eliminating the need for you to complete a 'Send New I-9' form for each employee. HR Admins can insert the link in an email to new hire to complete the Section 1.

HR Administrators - Setting up location Specific Link

To obtain a Quickstart link for your employees, navigate to the **Packet Management** option from the left-hand navigation menu

EQUIFAX PeopleHQ	Q Search			
없 My Dashboards	My Dashboards			
🖹 My Tasks	Task overview Form I-9			
🕞 Packet Management				
RE I-9 Management ~	8 Past Due		Due Today	
🕤 Data Management	Total	2228	Total	4
<u>⊢~</u> Reports	I-9 Sent	477	E-Verify Unconfirmed Data S1	1
	E-Verify Unconfirmed Data S2	15	Section 2 Upload I-9 Documents	1
	E-Verify Unconfirmed Data S1 Sent	26	I-9 Anywhere Virtual	2
	E-Verify Duplicate Cases	24		
	E-Verify Unconfirmed Data S1	539		
	Pending I-9: In-office	400		
	••• • >			
	View All		View All	

Select the settings icon for the card of the I-9 completion type employer wants to generate the link for. **Note**: I-9 Virtual option is only available for e-verify enabled locations.

PeopleHQ	Q Search				🖆 🤎 🚓 🕐 🧐 н.	· 🛏 ~
Manage Packets					undefeatable-uat 🤅	⊗ 🖋
(LOCKED			(V LIVE)	ø	(V LIVE)	\$
I-9 Anywhere Form I-9 Section 2 w	ill be completed remotion at the partner network.		I-9 Onsite Form I-9 Section 2 will be completed by our organization.		I-9 Anywhere Virtual Employee will meet with a trusted I-9 agent via a live video meeting to	review
					documentation.	
(V LIVE)		¢				
I-9 Virtual Form I-9 Section 2 w	ill be completed via a live video by your organization.					
	PeopleHQ* Manage Packets G LOCKED I-9 Anywhere Form I-9 Section 2 w CUVE I-9 Virtual Form I-9 Section 2 w		PeopleHQ* Q search Manage Packets I G LOCKED I-9 Anywhere Form I-9 Section 2 will be completed remotion in the partner network. UVE I-9 Virtual Form I-9 Section 2 will be completed via a live video by your organization.	PeopleHQ* Q search Manage Packets I G LOCKED I -9 Anywhere Form I-9 Section 2 will be completed remote with the partner network. I -9 Distail Form I-9 Section 2 will be completed via a live video by your organization. I -9 Virtual Form I-9 Section 2 will be completed via a live video by your organization.	PeopleHQ* Q search Manage Packets I g LockED I -9 Anywhere Form I-9 Section 2 will be completed remote with the partner network. I -9 Diste Form I-9 Section 2 will be completed via a live video by your organization. I -9 Virtual Form I-9 Section 2 will be completed via a live video by your organization.	ReopleHQ° Q. sarch Manage Packets Manage Packets Image Packets

On the Packet Management page you will find **general** and **location specific URLs** that you can send to your employee to complete Section 1. The employee will simply click on the URL provided to access their Section 1, no login credentials are required.

Note: In this option, the employer is responsible for the communication to the employee to provide the Quickstart link; Equifax will not automatically send an email to the employee with this option.

Choosing a **location-specific link** will automatically apply the selected Work Location.

Bulk Actions 🗸	0 Selected			Q Search	
Location Code 🗘	Location Name 💠	Address 🗘	Hyperlink	Active	Action
128567	Docupload	123 East Test Drive Belleville IL 62220	https://uat-workforceportal.eq	🗘 yes) :
CSA23232	EVLocation As CSA	23 Tech Street Pittsburgh PA 15217	https://uat-workforceportal.eq	() yes) :
LOC123838	EVLocation-MOUTest	23 Tech Street Pittsburgh PA 15217	https://uat-workforceportal.eq	() Yes) :
LOC1313	EVprimary	1313 Gumspring kiln Henrico VA 23294	https://uat-workforceportal.eq	() Yes) :
FL -002	FL Retest	23 Tech Street, 23 RT Florida City FL 32007	https://uat-workforceportal.eq	() yes) :
FL Test	FL Test	23 Tech Street, 23 RT Fl City FL 12345	https://uat-workforceportal.eq	🗘 yes) :
Florida	Florida	13155 Northwest Freeway Houston FL 77040	https://uat-workforceportal.eq	🗘 yes) :
D-(!@#\$%^&	Location 23 Tech Street	23 Tech Street Pittsburgh PA 15217	https://uat-workforceportal.eq	() yes) : C
32131	New York	1001 Bakers St Manhattan NY 12345	https://uat-workforceportal.eq	() Yes	C :
NewLoc-EV	NewLoc-EV	111 Broadway New York NY 10006	https://uat-workforceportal.eq	() yes) :
43131	NewLoc-NonEV	11120 New Hampshire Avenu Silver Spring MD 20904	e https://uat-workforceportal.eq	🗘 Yes) :

New Hire Flow When Accessing Quickstart 'Location-specific' Link

New hire electronically fills in the Section 1 of the form I-9.

EQUIFAX PeopleHQ"	② English ~
Form I-9	
We are excited to have you as part of the team! We are excited to have you as part of the team! You are now ready to begin completing your Form I-9. Please complete the process before your start date to ensure that you can begin on time.	Complete your 1-9 now. It only takes 2 to 3 minutes. Get Started

	enų		
Work Start Date			
What is your work s	tart date?		
finatio your morres			
Nork Start Date			
mm/dd/yyyy		3	
l do not know my start date			
<pre> < Back Compared Compared</pre>	ontinue >		
EQUIFAX PeopleH	Q [™]		
EQUIFAX PeopleH	Q™		
Personal Information	Q [∞]		
Personal Information	Q		
EQUIFAX PeopleHe Personal Information Okay, first we need a	Q [™] little bit of	information abo	out you.
EQUIFAX PeopleHe Personal Information Okay, first we need a First Name	Q [™] little bit of ⁄iddle Initial (optiona)	information abo	but you.
EQUIFAX PeopleH Personal Information Okay, first we need a First Name	Q" little bit of Aiddle Initial (optional)	information abo	out you.
EQUIFAX PeopleHi Personal Information Okay, first we need a First Name Mease enter First Name	Q" little bit of Aiddle Initial (optional)	information abo	out you.
EQUIFAX PeopleHi Personal Information Okay, first we need a First Name Please enter First Name Preferred Name (optional)(2)	Q [™] little bit of Aiddle Initial (optional)	Information abo	put you.
EQUIFAX PeopleHe Personal Information Okay, first we need a First Name Please enter First Name Preferred Name (optional) [®] Social Security Number	Q [™] little bit of Alddle Initial (optional)	Information abo	put you. ∞
EQUIFAX PeopleHe Personal Information Okay, first we need a First Name Present First Name Preferred Name (optional)(3) Social Security Number	Q [™] little bit of Aiddle Initial (optional)	Information abo	but you. ∞
EQUIFAX PeopleHe Personal Information Okay, first we need a First Name Preferred Name (optional)(*) Social Security Number Country	Q [™] little bit of Aiddle Initial (optional)	information abo	but you. ∞
EQUIFAX PeopleHe Personal Information Okay, first we need a First Name Preferred Name (optional) Social Security Number	Q ^{**} little bit of Aiddle Initial (optional) SSN Applied For	information abo	out you. ∞
EQUIFAX PeopleHe Personal Information Okay, first we need a First Name Preferred Name (optional) Social Security Number Country USA	Q ^{**} little bit of Aiddle Initial (optional) SSN Applied For	information abo	but you. ⊮®
EQUIFAX PeopleHe Personal Information Okay, first we need a First Name First Name Preferred Name (optional)② Social Security Number Country USA Street Address	Q [*] little bit of Aiddle Initial (optional) SSN Applied For	information abo Last Name Other Last Name Used (optional Date Of Birth mm/dd/yyyy	put you. ⊮®
EQUIFAX PeopleHe Personal Information Okay, first we need a First Name Please enter First Name Preferred Name (optional)(2) Social Security Number Country USA Street Address	Q [*] little bit of Aiddle Initial (optional) SSN Applied For	information abo	put you. ⊮®
EQUIFAX PeopleHi Personal Information Okay, first we need a Birst Name M Please enter First Name M Preferred Name (optionall) [®] Social Security Number Country USA Street Address City	Q ^{**} little bit of Aiddle Initial (optional) SSN Applied For	information abo	put you. n®
EQUIFAX PeopleHi Personal Information Okay, first we need a Birst Name M Please enter First Name M Preferred Name (optionall®) Social Security Number Country USA Street Address City	Q ^{**} little bit of Aiddle Initial (optional) SSN Applied For	information abo	put you. n@
EQUIFAX PeopleHi Personal Information Okay, first we need a Okay, first we need a M First Name M Please enter First Name M Preferred Name (optional) M Social Security Number M Country USA Street Address M City M Phone (optional) M	Q ^{**} little bit of Aiddle Initial (optional) SSN Applied For	information abo	put you. n⊚
EQUIFAX PeopleHi Personal Information Okay, first we need a First Name M Please enter First Name M Preferred Name (optional) M Social Security Number M Country USA Street Address M City M Phone (optional) M Distribution of the provided of the	Q ^{**} little bit of Aiddle Initial (optional) SSN Applied For	information abo	put you. n⊚
EQUIFAX PeopleHi Personal Information Okay, first we need a First Name M Please enter First Name M Preferred Name (optional) ⁽²⁾ G Social Security Number G Country USA USA G Street Address G City G Allow text message notifications ⁽²⁾	Q ^{**} little bit of Aiddle Initial (optional) SSN Applied For	information abo	put you. n⊚
EQUIFAX PeopleHi Personal Information Okay, first we need a First Name M Please enter First Name M Preferred Name (optional) M Social Security Number M Country USA Street Address M City M Allow text message notifications(*)	Q ^{**} little bit of Aiddle Initial (optional) SSN Applied For	information abo	put you. n⊚



m I-9							Form Ins
e is the information you provided.		Form I-9 View					
sure it is correct, click the pencil icon to edit if necessary, and then click the bo	Y.						
y to add to the form	^	-					
			Employm	ent Eligibility V	Verification		USCIS Form I 9
sonal Information	an an		Depar U.S. Citiz	tment of Homeland enship and Immigrat	Security ion Services		OMB No.1615-
t Name: Brian			0101 0111	than p and thing a			Expires 07/31/2
dle Initial:		START HERE: Employers must e failing to comply with the require	nsure the form instruction ments for completing thi	ons are available to emp s form. See below and t	loyees when completin fre Instructions.	g this form. Empl	oyers are liable
No		ANTI-DISCRIMINATION NOTICE: employees for documentation to ver	All employees can choose ify information in Section	which acceptable docum 1, or specify which accept	entation to present for Fe table documentation emp	orm I-9. Employers loyees must preser	cannot ask nt for Section 2
Name: Bitmore		Supplement B, Reverification and R	ehire. Treating employee	differently based on their	r citizenship, immigration	status, or national	origin may be il
r Last Name Used:		day of employment, but not be	fore accepting a job of	er.	ete and sign Section 1	of Form I-9 no Ia	iter than the I
XXX-XX-6348 @		Last Name (Family Name)	First Name (Give	n Name)	Middle Initial (if any) Othe	er Last Names Used (i	t any)
of Birth: 07/07/2000		Address (Street Number and Name)	Apt. N	imber (if any) City or Town		State	ZIP Code
t Address: 9875 Redhill Drive		Date of Birth (mm/dd/yyyy) U.S.	Social Security Number	Employee's Email Address	5	Employee's Te	l slephone Number
tment / Suite:			Charles and the firm		anabia as investeration of the		
Cincinnati		I am aware that federal law provides for imprisonment and/ fines for false statements, or the	T 1. A citizen of the	ng boxes to attest to your citiz United States	tenship or immigration statu:	s (See page 2 and 3 o	the instructions.
citianiad		use of false documents, in connection with the completion	of 3. A lawful nerma	tional of the United States (S appl resident (Enter LISCIS of	ee Instructions.)		
ÖH		this form. I attest, under penalt of perjury, that this information,	4. A noncitizen (o	her than item Numbers 2. ar	nd 3. above) authorized to w	ork until (exp. date, if	any)
ode: 45242		including my selection of the bo attesting to my citizenship or	K If you check Item Numb	er 4., enter one of these:	- Number		Constant of law
e:		correct.	USCIS A-Number	OR OR	OR OR	assport number and	Country or Isso
il: ron.howard@equifax.com Exclude Em	ail 🛈	Signature of Employee			Today's Date (mm/s	id/yyyy)	
zenship Status n a citizen of the United States	1	Section 2. Employer Review a business days after the employee's authorized by the Secretary of DHS documentation in the Additional Info Document Title 1	Ind Verification: Emplo first day of employment, a documentation from List rmation box; see Instructi List A	yers or their authorized re nd must physically exami A OR a combination of de ons. OR Lis:	presentative must comp ne, or examine consister ocumentation from List B t B AND	lete and sign Section it with an alternative and List C. Enter a Li	on 2 within thre- e procedure any additional st C
		Issuing Authority					
parer/Translator Information	dir.	Document Number (if any)					
		Expiration Date (if any)					
		Document Title 2 (if any)		Additional Informatio	n		
		Issuing Authority		-			
se the information I provided to fill my Form I-9.		Expiration Date (if any)		-			
		Document Title 3 (if any)		-			
	ce? 🛞	Issuing Authority		1			
ectronic Signature Need Assistan	a of	Document Number (if any)					
ectronic Signature Need Assistan aware that federal law provides for imprisonment and/or fines for false statements, or the us		Expiration Date (if any)		Check here if you use	ed an alternative procedure a	uthorized by DHS to	examine documer
Need Assistan wave that federal law provides for imprisonment and/or fines for false statements, or the us documents, in connection with the completion of this form. I attest, under penalty of perjury formation including my celetion of the statements in clienter the including the statement of t	that		f perjury, that (1) I have exa entation appears to be gens	nined the documentation p ine and to relate to the emp	resented by the above-nar sloyee named, and (3) to th	e (mm/dd/yyy)	μημογment ή:
lectronic Signature Need Assistan aware that federal law provides for imprisonment and/or fines for false statements, or the us documents, in connection with the completion of this form. I attest, under penalty of perjury, information, including my selection of the box attesting to my citizenship or immigration statu and correct.	that s, is	Certification: I attest, under penalty o employee, (2) the above-listed docum	authorized to used '- st -	Junea States,		entative Tod	lay's Date (mm/dd
lectronic Signature Need Assistan aware that federal law provides for imprisonment and/or fines for false statements, or the us documents, in connection with the completion of this form. I attest, under penalty of perjury, information, including my selection of the box attesting to my citizenship or immigration statu and correct.	that is, is	Certification: I attest, under penalty o employee.(2) the above-listed docum best of my knowledge, the employee i Last Name, First Name and Title of Emp	s authorized to work in the over or Authorized Represent	ative Signature of Emp	ployer or Authorized Represe		
lectronic Signature Need Assistan aware that federal law provides for imprisonment and/or fines for false statements, or the us documents, in connection with the completion of this form. I attest, under penalty of perjury, information, including my selection of the box attesting to my citizenship or immigration statu and correct.	that is, is	Certification: 1 attest, under penalty o employee, (2) the above-listed docum best of my knowledge, the employee Last Name, First Name and Title of Emp	s authorized to work in the over or Authorized Represent	ative Signature of Emp	ployer or Authorized Represe		
ectronic Signature Need Assistan aware that federal law provides for imprisonment and/or fines for false statements, or the us documents, in connection with the completion of this form. I attest, under penalty of perjury, nformation, including my selection of the box attesting to my citizenship or immigration statu and correct. oyee Signature	that Is, is	Certification: 1 attest, under penalty o employee, (2) the above-list doctour best of my knowledge, the employee i Last Name, First Name and Title of Emp Employer's Business or Organization Na	s authorized to work in the over or Authorized Represent me En	ative Signature of Emp ployer's Business or Organiz	ployer or Authorized Repres- ation Address, City or Town,	State, ZIP Code	
lectronic Signature Need Assistan aware that federal law provides for imprisonment and/or fines for false statements, or the us documents, in connection with the completion of this form. I attest, under penalty of perjury, nformation, including my selection of the box attesting to my citizenship or immigration statu and correct. oyee Signature Sign	that is, is	Certification: 1 attest, under penalty or employee, (2) the above listed docum best of my knowledge, the employee Last Name, First Name and Title of Emp Employee's Business or Organization Na Employee's Business or Organization Na	s authorized to work in the over or Authorized Represent me Err erification or rehire, con	ative Signature of Emp ployer's Business or Organiz	ation Address, City or Town,	State, ZIP Code	

HR Administrators - Setting up all Locations Link

Choosing the link for **all locations** will require the employee to select their location before entering their packet.

ଜ	€ Edit Packet Settin	ngs							
۵ ب	I-9 Virtual Packet	QuickStart							
2	🖵 Hiring Events	Quickstart Links QuickStart allows you to provide a hyperlink or QR code directly to your new employee, who can use it to complete an onboarding packet for your organization.							
~		Enable QuickStart	Yes						
	QuickStart Link for All Locations ①								
		Location Code	Location Name	Address	Hyperlink		Active	Actions	
		N/A	All locations	Location will be asked	https://uat-workforceportal.eq	þ	Yes):	
		QuickStart Links	♥ 0 Selected				Q Search		
		Location Code 🗘	Location Name 🗘	Address 🗘	Hyperlink		Active	Actions	
		128567	Docupload	123 East Test Drive Belleville IL 62220	https://uat-workforceportal.eq	C	Yes) :	
		CSA23232	EVLocation As CSA	23 Tech Street Pittsburgh PA 15217	https://uat-workforceportal.eq	C	Yes) :	
		0.0001313	EVnrimary	1313 Gumspring kiln	https://uat-workforceportal.eg	ſ'n) :	

New Hire View When Accessing Quickstart 'All Locations' Link

	English ~
le.	
8	
Privacy Policy Terms of Use	Powering the world with Knowledge ™
	de. S Privacy.Policy Ierms of Use

Option 2: Upload a Paper Form I-9

From time to time, organizations may have a need to complete a paper Form I-9. To ensure your I-9 records can be kept in a centralized place, we've incorporated an **Upload I-9** feature in the Quick Actions section of the dashboard.

HR Administrators: Sending I-9 PDF to New Hire

- Download and attach the <u>I-9 PDF</u>in an email to a new hire to complete. Instructions to fill the I-9 are available <u>here</u>.
- After New Hire fills in the form, the new hire emails it back to the hiring manager to complete section 2.
- Hiring manager gets on a call with the employee to verify the documents and share images of required documents. **Note:** a virtual verification is only applicable if the new hire work location is e-verify enabled.
- After completing section 2, store the PDF.
- Follow the steps listed below to upload the completed form on the portal.

Note: Pls find USCIS instructions <u>here</u> for the downloaded form I-9 to be filled electronically. Additional download instructions for mobile users are available <u>here</u>.

HR Administrators: Uploading I-9 PDF to the portal

An employee profile must be created for the employee prior to adding the Form I-9. If your employee already exists in the portal, you can simply search for and click the Select Employee button to bypass that entry. If not, you will click the New Employee to get started.

١	Upload Paper Form	ı I-9		🗒 EWS University			
	Select the employ	yee whose Form I-9 yo	u are uploading.				
	Search for Existing Em	- OR -	Employee				
	First Name 🗢	Last Name 🗢	SSN				
	Ron	Reverify	XXX-XX-9777	Select Employee			
EF	x.	Privacy Polic	y Terms of Use	Powering the World with Knowledge $^{^{\!$			
Copyri Equifa	Copyright 2022 Equifax, Inc. All rights reserved. Equifax and the Equifax marks used herein are trademarks of Equifax Inc. Other product and company names mentioned herein are the property of their respective owners.						

After the profile is either selected or added, you can easily upload the Form I-9. PDF is the only acceptable format at this time.

Jpload the Form I-9 for the employee you entered.	I-9 File Requirements A scanned image of a populated Form I-9 can be uploaded here. Please
Ron Reverify XXX-XX-9777 Upload Paper I-9 Paper I-9 he maximum upload file size is 2.5 MB and accepted format is PDF.	ensure the document includes all pages of the I-9 and that content was not cut off during the scanning process. Note that I-9s deemed to contain substantive and uncorrected technical violations may incur penalties. Learn More.
Drag and drop file here or Browse Files	Acceptable file format: PDF File size cannot exceed 2.5 MB
	1-9 File Example

Once you have uploaded the paper form, you will be presented with a side-by-side view of the paper I-9 and the electronic version. Use the paper I-9 to capture all the information in the electronic version. This will help to ensure that we are properly tracking information such as employment dates, reverification needs, and/or use the send to I-9 feature.

Upload Paper Form I-9			
Transfer the data from	the scanned Form I-9 below.		^ˆ Form Details
(i) It is important that all d	ata is input exactly as it appears on the pape	r form.	Employment Eligibility Verification USCIS Department of Honetand Security Form I- US Citizenable services
USCIS FORM 1-9 OMB No. (1615-0047 Expires 10/31/2022	Employment Eligibil Department of Hom U.S. Citizenship and Imn	ity Verification eland Security nigration Services	EXAMPLEMENT Read isodructions cannellely before comparing this from. The statusctions must be available, ether happer or intercheroic during comparison of the term. The interview of the complete or of this form. Comparing the complete or present the stable interview of the complete or of this form. Comparing the complete or present the stable interview of the complete or term of the second term of the complete or present the stable interview of the complete or term of the second term of the complete or term of the second term of the complete or term of the second term of the complete or term of the second ter
START HERE. Read instructions caref during completion of this form.Empl ANTI-DISCRIMINATION NOTICE: It is ill employee may present to establish em documentation presented has a future Section 1 Employee In	ulty before completing this form. The instructions mu oyers are liable for errors in the completion of this fo egail to discriminate against work authorized individuals. Joyomen authorization and identity. The refusal to hire ex- expiration date may also constitute illegal discrimination and attraction and Attractation	st be available, either in paper or electronica rm. Employers CANNOT specify which document(s). r continue to employ an individual because the	Lam aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the competition of this form. Instead, using possible of periory, that I an (cleak con of the following boases): ① I a neutral or the lubel falses ② 1. A excitane nationed of the lubel falses (See amountained) ③ 1. A watcher menter water: ③ 1. A neutral memory water Nath A may cleak amountained ③ 1. A neutral memory water Nath A may cleak amountained ③ 1. A neutral memory water Nath A may cleak amountained ④ A neutral memory water Nath A may cleak amountained ⑤ A neutral memory water Nath A may clean statement
Employees must complete and sign Sec Last Name Reverify	tion 1 of Form I-9 no later than the first day of employm First Name Ron	ent, but not before accepting a job offer.	All Care Junitation for and provide only one of the Distribution decrement character to complete Fuen 1.4 A Kink Registration Related COLOR In the Admission Number OR Provide Plane In the Relation Number OR Provide Plane International Number OR Provide Plane International Number OR Provide Plane Internation Number OR Provide Plane International Number OR Provide Plane International Number OR
Street Address Street Number and Name	Other Last Names U	Apt. Number	Country of Issaince Projectors and iteration Countrification (churck one): I deal of use a payme of installer. A powership track to installed the enployme it comparing tentors 1
City or Town	State Select One	Zip Code	promotion of multi-assessment of the assessment of the properties and optimations and all enterprised in complexity doed in 1. Tathets, fund presently of projects, but Tahve and connects the completion of deelines of projects and that is the less of a incombing the information is true and connect. Figures or the project of the project
I want this information sent to E-	Verify		Last Name (Family Name) First Name (Given Name)