## Form I-9 Authorization Instructions for New Hires

**Step 1** - New Hire receives an emailed invitation similar to the one below. New hire should click on the "Login Page" link

#### Candidate Email:

Electronic Form I 9 Invitation	Froedtert Health Inc Main	n (Company ID: FroHMa	in)
Form I-9 Compliance < service	ces@formi9.com>	$( \mathfrak{S} ) ( \mathfrak{S} ) \rightarrow $	9.06 AM
(i) If there are problems with how this message is o	lisplayed, click here to view it in a web browser	,	2.00 AM
Froedtert Health Inc Main has sent on Login button and log in with the First Name: ERICA Last Name: LANDRY Login ID: b9f686eac1	you an invitation to complete the E following information:	lectronic Form I-9. Please click	

Step 2 - Log in Page. New Hire logs in with the information provided in the email.

First Name:	
Last Name:	
Login ID:	

### Step 3- Preview of what to expect and complete



Step 4- Begin Form

**Part 1** – Complete Employee Information. All items in Yellow must be completed.

	Employee Information	
START HERE: Read ins available during completi Click here to view Instructio Click here to view List of Ac	tructions carefully before completing this form. The i on of this form. ns ceptable Documents	nstructions must be
ANTI-DISCRIMINATION NO CANNOT specify which doo identity. The refusal to hire expiration date may also co	DTICE: It is illegal to discriminate against work-authorized sument(s) an employee may present to establish employer or continue to employ an individual because the document institute illegal discrimination.	I individuals. Employers nent authorization and tation presented has a future
Check box to show th	e Preparer / Translator section	
Last Name	Landry	0
First Name	Erica	1
Middle Initial		0
Other Last Names Used	(if any)	0
Address	Street Number and Name	0
Apt. Number		•
City or Town		0
State	- Select State - 🗸 🗸	0
Zip		0
Date of Birth	mm/dd/yyyy	0
U.S. Social Security Number		0
	SSN Applied For	
Email	OPTIONAL	•
	Franciscore	1

#### Part 2 – Complete Citizenship Status

Citizenship Status	
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false docu in connection with the completion of this form. I attest, under penalty of perjury, that I am (check one of the following):	ments
$\bigcirc$ A citizen of the United States $\textcircled{D}$	
○ A noncitizen national of the United States (See instructions) ③	
○ A lawful permanent resident ⑦ (Alien Registration Number/USCIS Number)⑦	
O An alien authorized to work until ③ (Expiration date, if applicable, mm/dd/yyyy)③	
Some aliens may write "N/A" in this field. N/A - Not Applicable Aliens authorized to work must provide only one of the following document numbers to complete Form I-9 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	Э:
O 1. Alien Registration Number / USCIS Number: (2)	
OR	
O 2. Form I-94 Admission Number: ⑦	
OR	
3. Foreign Passport Number: ⑦	
Country of Issuance: 🕐	
Back	Next

**Part 3 - step 1**– Identify and select what type of Documents you will use. New Hires can click on "Lists of acceptable Documents" to review the list of documents that are acceptable and what area they fall under. One must choose a "List A" OR "List B & C"

You are required to attach legible copies (front and back) of unexpired document(s) that establish both your identity and authorization to work in the United States, as identified on the Form I-9 Lists of Acceptable Documents. You can choose to attach document(s) of your choice from either List A OR List B & List C. Click here to view the Lists of Acceptable Documents options. The following Identity and Employment Authorization Documents, I choose to upload are:

List A: Document that establish both Identity and Employment Authorization
List B: Document that establish Identity
AND
List C: Document that establish Employment Authorization **Part 3 – step 2** – Once you choose a button of what you will provide, you will need to select the specific documents you will use to identify yourself and your right to work in the United States. These need to be documents you can show originals of to someone and must be able to upload copies of them to the site. Froedtert Health requires that you provide your documents in order to successfully complete the I-9 process. If you fail to do so, you will be contacted to follow up on the document upload process which may delay your start date. Froedtert Health complies with Wisconsin Law which prohibits requiring a photo copy of your birth certificate. Please ensure that you take a picture of your birth certificate to upload vs. making a copy of your birth certificate and scanning in order to successfully comply if you are providing a birth certificate.

You are required to attach leg identity and authorization to v Documents. You can choose	to attach document(s) of your choice from either List A OR List	ablish both your Acceptable : B & List C.
Click here to view the Lists	of Acceptable Documents options.	
The following Identity and I $\bigcirc$ List A: Document that es	Employment Authorization Documents, I choose to upload tablish both Identity and Employment Authorization	are:
List B: Document that es	tablish Identity	
Document Title AND	Select a Document	~
List C: Document that esta	blish Employment Authorization	
Document Title	Select a Document	*

A Notification Window will populate with what is expected, click "OK" after reviewing

ſ	Information	×
tc or ca	As an E-Verify participant, you must make a photocopy of this List A Document for PHOTO MATCHING purposes and retain it with the Form I-9.	a A
ei	The following four (4) List A Documents trigger the E-Verify PHOTO MATCHING process:	
le ne	U.S. Passport Card     U.S. Passport Card     S. Permanent Resident Card (Form I-551)     Employment Authorization Document (Form I- 766)	
nt	Click OK to confirm your understanding	
) (	ОК	

**Part 3 - step 3 -** New hires will be prompted to load copies of their documents. To complete, click on Add an eDocument. It is recommended that you have these pictures already saved on your device for easy access.

You are required to attach leg identity and authorization to w Documents. You can choose t	ible copies (front and back) of unexpired document(s) that establish both y ork in the United States, as identified on the Form I-9 Lists of Acceptable to attach document(s) of your choice from either List A OR List B & List C.	our
Click here to view the Lists	of Acceptable Documents options.	
The following Identity and E	imployment Authorization Documents, I choose to upload are: tablish both Identity and Employment Authorization	
Document Title	U.S. Passport	
◯ List B: Document that est <u>AND</u>	tablish Identity	
List C: Document that estab	lish Employment Authorization	
Click "Add an eDocument"	to begin the <u>document (front and back copies</u> ) attachment process.	

**Part 3 - step 4 -** A screen will appear to load documents. Browse file for photo of or copy Document. Once document is identified click "Upload". After you click upload a confirmation screen will appear

Add Docs	×
Drop file(s) here or <b>Browse file(s)</b> (Acceptable file types: Word Documents, Excel Spreadsheets, Images)	
Lupload CReset X Cancel	

If additional documents are needed click "Add an eDocument". Documents will Populate Below. Once complete click on the "Next" button.

Click "Add an eDocu	ment" to begin the	document (front and b	oack copies) attachment pro	ocess.
		Add an eDocument		
			,	
1         1           1         1				
Not Reconstant High generation Reconstrations				
Back				Next

PART 4 - Complete your digital signature by filling out the blank areas and clicking on "Sign"

	Employee eSignat	ure
l am aware that federal law p documents in connection wi	rovides for imprisonment and/or fines fo th the completion of this form.	or false statements or use of false
Last Name	Landry	
First Name	Erica	
Middle Initial Name		
Security Question	What is your mother's name?	~
Your answer	Your Answer	
When the 'Sign' button below	is clicked, you acknowledge, agree and atte	est that you:
- Have reviewed and confirm	ed that the information in the Section 1	is true and correct to the best of your
knowledge.		
- Are the person named in Sec	tion 1.	
- Freely intend to create and	are adopting as your own a legally bindin	ig electronic signature on this electronic
document that carries the same	e legal effect and enforceability as your han	idwritten signature.
<ul> <li>Understand that you may refer the browser window, but instead</li> </ul>	use to sign this document electronically by s ad have freely elected to sign electronically	selecting the 'Back' button below, or close
are proneer mindow, but motor	a nate needy elected to orgin electromodity.	

#### After completing signing a verification will appear

## Employee eSignature Result

Electronic Signature is VERIFIED AND SECURE

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge, the information is true and correct.

Instant Signature

[EMPLOYEE NAME HERE] electronically signed the Form I-9, 08/31/2019, dated [DATE AND TIME HERE] at the Employee's signature line.



# A Verification Screen will populate immediately follow "Sign" \*\*DO NOT EXIT THE SCREEN\*\*

**PART 5** - The Authorization Representative screen will populate right after. The New Hire will need to identify someone they can meet with in person to inspect their documents and finalize the completion of the I9. This person needs to be local and have access to email to be able to complete the form.

Read through the instructions completely. Do not enter your information and do not send this to your employer. Please alert your representative ahead of time so they do not think this is a scam.

ection 2 EMAIL INVITATION REQUIRED
REQUIRED NEXT STEP - DO NOT EXIT
<ul> <li>Select an individual, 21 years of age or older to meet with in person to complete Section 2 of the Form I-9. This can be a family member, friend, roommate, neighbor, etc</li> <li>This person will review and record the original documents that you present for Identity and Employment Authorization in the United States.</li> <li>You may provide original documents from either List A or List B and C as outlined in the <u>LISTS OF ACCEPTABLE DOCUMENTS</u></li> </ul>
IMPORTANT: In order for Froedtert Health Inc Main to remain in compliance with the Department of Homeland Security, you MUST meet with this individual in person and complete Section 2 of the Form I-9 within your third day of employment.
<ol> <li>Enter the Last Name and First Name of the individual selected to complete Section 2 (this individual must be someone you will meet in-person, so they can physically review your documents).</li> </ol>
Last Name:
First Name:
2. Enter their email address
Email:
3. Re-enter the email address to confirm
Email:
4. Click "Send Invitation" and a secure link will be sent for Section 2 completion. You must be physically present during the Section 2 completion process.
Send Invitation

**PART 6-** The Authorized Representative will receive an email similar to the below with their information and password to log in. Click the link to access the site and log in with the info in the email.



**PART 7** – The Representative will need to complete the form based on the choices of documents the New Hire had previously chosen and has provided to the Representative to review. Once complete, the Representative clicks on "Save" at the bottom.

mployee Info from Section 1 ⑦	Last Name (Family Name) (2) [Employee Last Name Here]	First (Empl	Name (Given Name) ( oyee First Name Here)	2	N.L (2) N/A	Citizenship/Immigration 1	n Stat	us 🕐
Lidentity and Emplo Special Rules	ist.A syment Authorization Document Samples	OF	List E identit Special R	Y y ukes	AN	D List Employment / Special	LC Autho Rules	erizatio E
Document Title: (2)		•	(	٠	1	(	*	٢
Issuing Authority: ⑦		*	(	٧	1		٠	1
Document Number: ⑦			(		1			1
Expiration Date (if any)(mm/bd/yyyy)	0		í.		0	(		1
Document Title: ⑦		*						
Issuing Authority: 🕐		•	Additional Infor	mati	() no	QR Code - Se Do Not Write in	This	2 & 3 Spece
Document Number: ⑦								
Expiration Date (if any)(mm/dd/yyyy)	0							
Document Title: (2)		*						
Issuing Authority: ⑦		•						-

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 (min/	ag yyyyy): (2)		(See I	nstructions for	exempt	ons)
Signature of Employer or Authorized Representative	Today's Date (mm	(dd/yyyy): 🕐	Title of Employer or Authorized Representa		resentative 🕐	
Last Name of Employer or Authorized Representative 🕐	First Name of Employer or	Authorized Repres	entative	rve 🕐 Employee's Business or Organization Name (		
Employer's Business or Organization Address (Stree	t Number and Name) (?)	City or Town	0	State ⑦ ZF		ZIP Code 🕐
		] [				

Save Print PDF Add eDocuments Add Notes Cancel

**Part 8** – After clicking "Save", the Representative will need to digitally sign too by completing the Signature screen and clicking on "E-Sign Document". After the signature is completed, it will be sent to Froedtert Helath.

-Sign Document'.	structions Av	alable - Click here to Print	
irst Name	MI	Last Name	
What is your mother's name?	•	YOUR ANSWER HERE	
When the 'E-Sign Document' b acknowledges, agrees and atter he information in the Section a correct, (2) are the person name o create and are adopting as the electronic document that carries handwritten signature; and (4)	utton below sts that they and signature d in that Sec ir own a lega s the same I understand	is clicked, the person named (1) have reviewed and confirm a block referenced above is tr tion of the document, (3) freely illy binding electronic signature egal effect and enforceability a that they may refuse to signature	above ed that vintend on this as their gn this •