## **Employment Eligibility Verification (Form I-9) Resources**

- There are help texts and descriptions for every field on the form. Put your cursor over the field to see the help text, or click on the question mark ? to see the full description.
- Instructions for Employment Eligibility Verification can be found by clicking on the top right-hand corner of section 1 page 1.



**Step 1:** Click My Dashboard.

Step 2: Go to "My Tasks".

Step 3: Find your employee's name in the "Related To" column. Click on the Actions icon  $\square$  .

| NEOGOV 🔤 Onboard          |                                      | Q Search | 6. 6          | 🚺 Cyndi-Lu-Who Lam-Roldan 👻 |
|---------------------------|--------------------------------------|----------|---------------|-----------------------------|
| Employees Reports ~ Com   | pleted Forms v Positions v           |          |               | + 0                         |
|                           | My Tasks                             |          |               |                             |
|                           | © Current -                          |          |               | Q Search                    |
| Curdid u. Who I am Roldan | Subject                              | : Due Da | e : Related   | iTo : Actions               |
| HUMAN RESOURCES MOR II    | Complete Employer Section of the 1-9 | 02/10/2  | 017 Meme      |                             |
|                           | Complete Employer Section of the I-9 | 02/15/2  | John John     | 8                           |
| My Dashboard              | Complete Employer Section of the I-9 | 03/01/   | 017 Robert    | I                           |
| Employee                  | Complete Employer Section of the I-9 | 03/04/   | 2017 Angela   | Adams 🗒                     |
| Onboarding                | Complete Employer Section of the 1-9 | 03/09/   | 2017 Laster 1 | Test 🗊                      |

**Step 4:** Review Section 1 (page 1) completed by the new hire. Ensure Section 1 is completed properly and on time.

| Section 1. Employee Information than the first day of employment, but not   | and Attestation   | <b>on</b> (Employees mus<br>a job offer.)                | st complete and | sign S                                | ection 1 of Form I-9 no later                 |  |  |  |
|---|---|--|-----------------|---------------------------------------|---|--|--|--|
| Last Name (Family Name) ③<br>Baggins  | First Name (Given I<br>Bilbo  | ime (Given Name) ⑦                                       |                 | Other Last Names Used (if any)<br>N/A |   |  |  |  |
| Address (Street Number and Name) ③<br>123 Eagle Ave   | Apt. Numb<br>N/A  | Der <sup>(2)</sup> City or Town <sup>(2)</sup><br>Austin |                 |                                       | State (?)     ZIP Code (?)       TX     78701 |  |  |  |
| Date of Birth (mm/dd/yyyy)     U.S. Social Sec       01/01/1950     530   | urity Number ⑦ EI<br>1 - 2 2 2 2 BE   | mployee's E-mail Addro<br>3@hotmail.com                  | ess 🕜           | E<br>(S                               | mployee's Telephone Number ③                  |  |  |  |
| 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 attest, under penalty of perjury, that I am (check one of the following boxes):   |   |  |                 |                                       |   |  |  |  |
| 1. A citizen of the United States   |   |  |                 |                                       |   |  |  |  |
| 2. A noncitizen national of the United States (See instructions)  |   |  |                 |                                       |   |  |  |  |
| 3. A lawful permanent resident (Alien Reg   | 3. A lawful permanent resident (Alien Registration Number/USCIS Number):  1 N/A |  |                 |                                       |   |  |  |  |
| 4. An alien authorized to work until (expiration of the expiration of the expirat | ation date, if applicat<br>ation date field. (See                               | ble, mm/dd/yyyy): ⑦ N<br>e instructions)                 | /A              |                                       |   |  |  |  |
| Aliens authorized to work must provide only or<br>An Alien Registration Number/USCIS Number   | QR Code - Section 1<br>Do Not Write In This Space                               |  |                 |                                       |   |  |  |  |
| 1. Alien Registration Number/USCIS Number:<br>OR  | ⑦ N/A   |  | N/A 💟           |                                       |   |  |  |  |
| 2. Form I-94 Admission Number: <sup>(2)</sup> N/A   |   |  | -               |                                       |   |  |  |  |
| 3. Foreign Passport Number: <sup>(2)</sup> N/A  |   |  | _               |                                       |   |  |  |  |
| Country of Issuance:  |   |  | 1               |                                       |   |  |  |  |
| Signature of Employee   |   |  | Today's Date    | (mm/dd                                | / <b>/уууу)</b> ③01/20/2017                   |  |  |  |

## Completing Section 2 of Form I-9 in NeoGov Onboard

**Step 5:** Complete the employer's section 2 (page 2). For the "Lists of Acceptable Documents" see page 3. *Reminder ... We cannot specify which documents new hires may present. A new hire must present one document from List A, OR a combination of one document from List B <u>and</u> one document from List C.* 

| List A<br>Identity and Employment Aut<br>Document Title ⑦<br>Issuing Authority ⑦<br>Document Number ⑦  | horization                                     | OR                    | Li<br>Ide  | st B                                    |                             |                     | -                                |                           |
|--|--|-----------------------|--|---|-----------------------------|---------------------|----------------------------------|---------------------------|
| Document Title ③<br>Issuing Authority ③<br>Document Number <sup>③</sup>  | ¥  | _                     | Document Title   | entity                                  |                             |                     | List C<br>Employment A           | ,<br>uthorization         |
| Issuing Authority ⑦<br>Document Number⑦  | ~  |                       | Document nue   |   | Docun                       | nent Title          | <b>e</b> ?                       |                           |
| Document Number <sup>⑦</sup>   |  |                       | Issuing Authority 💿                                      |   | ▼                           |                     |                                  |                           |
|  |  | ╢                     | Document Number (?)                                      |   | Issuin                      | g Author            | rity 🕐                           |                           |
|  | 1.0  |                       |  |   | Docur                       | nent Nu             | mber 🕐                           |                           |
| Expiration Date (if any)(mm/dd/yyy   | <b>/y)</b> (?)                                 |                       | Expiration Date (if any                                  | )(mm/dd/yyyy) <sub>(</sub>              | Expira                      | tion Dat            | e (if any)(mm/dd/                | ( <b>YYYY</b> )           |
| Document Title   |  |                       |  |   |                             |                     |                                  |                           |
| Issuing Authority ⑦  |  |                       | Additional Informat                                      | ion 💿                                   |                             |                     | QR Code - Sec                    | ction 2                   |
| Description of the second seco |  |                       |  |   |                             |                     | bo Not White In Th               | na opuce                  |
| Document Number ()   |  |                       |  |   |                             |                     |                                  |                           |
| Expiration Date (if any)(mm/dd/yyy   | (Y)  |                       |  |   |                             |                     |                                  |                           |
| Document Title ⑦   |  |                       |  |   |                             |                     |                                  |                           |
| Issuing Authority  |  |                       |  |   |                             |                     |                                  |                           |
| Document Number ③  |  |                       |  |   |                             |                     |                                  |                           |
| Expiration Date (if any)(mm/dd/yyy   | <b>/y)</b> ③                                   |                       |  |   |                             |                     |                                  |                           |
| Certification: I attest, under pe<br>(2) the above-listed document(<br>employee is authorized to work  | enalty of per<br>s) appear to<br>k in the Unit | rjury<br>be<br>ted \$ | r, that (1) I have exa<br>genuine and to rela<br>States. | mined the documer<br>te to the employee | nt(s) present<br>named, and | ed by t<br>(3) to t | he above-name<br>he best of my k | d employee<br>nowledge ti |
| The employee's first day of e  | employmen                                      | nt (m                 | m/dd/yyyy): 🛛  | 📕 (S                                    | ee instructi                | ons fo              | r exemptions)                    |                           |
| Signature of Employer or Authorize   | ed Represent                                   | ative                 | Today's E  | ate(mm/dd/yyyy) ③                       | Title of Emplo              | oyer or A           | Authorized Repres                | sentative 🧿               |
| Last Name of Employer or Authorized  | Representative                                 | e (?                  | First Name of Employer of                                | r Authorized Represent                  | ative () Emplo              | oyer's Bu           | usiness or Organia               | zation Name               |

**Step 6:** Review and make sure the information entered in section 2 is correct. At the bottom of the form, click "Save".



**Step 7:** Scan or make a copy of the document(s) presented to be attached. See instructions on uploading attachments.