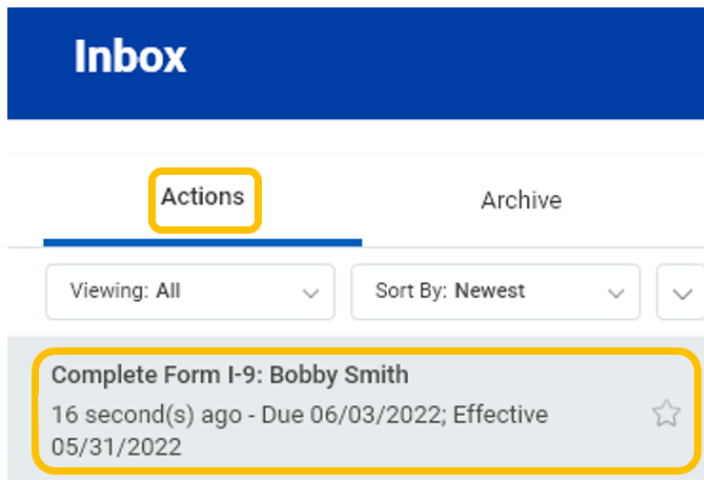


How to complete Section 1 of your Form I-9

1. Click on **inbox icon**.



2. Under **Actions** select **Complete Form I-9: (Your name)**.



3. Under **Section 1** most information will pre-populate. Confirm information is accurate and fill in any missing information.

Note - All applicable fields should be complete.

Section 1. Employee Information and Attestation

Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name) *	<input type="text" value="Smith"/>	First Name (Given Name) *	<input type="text" value="Bobby"/>	Middle Initial	<input type="text"/>
Other Last Names Used (if any)	<input type="text"/>				
Address (Street Number and Name) *	<input type="text" value="3601 North Military Trail"/>	Apt. Number	<input type="text"/>		
City or Town *	<input type="text" value="Boca Raton"/>				
State *	<input type="text" value="FL"/>	ZIP Code *	<input type="text" value="33431"/>		
Date of Birth *	<input type="text" value="11/01/1962"/>	U.S. Social Security Number	<input type="text" value="123-45-6789"/>	Employee's E-mail Address	<input type="text" value="bobbysmith@test.edu"/>
Employee's Telephone Number	<input type="text" value="561-237-7000"/>				

4. Select applicable status by clicking corresponding radial button.

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 Registration Number/USCIS Number):
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) Some aliens may write "N/A" in the expiration date field. (See instructions)

If you select number 4: An alien authorized to work until (expiration date, if applicable (mm/dd/yyyy) Some aliens may write "N/A" in the expiration field. (See instructions), please enter your expiration date or select N/A or D/S (duration of stay).

- ☒ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) Some aliens may write "N/A" in the expiration date field. (See instructions)

MM/DD/YYYY <input type="text"/>	N/A <input type="checkbox"/>	D/S <input type="checkbox"/>
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Enter one of the following documentation numbers: **Alien Registration Number/USCIS Number, Form I-94 Admission Number, or Foreign Passport Number.**

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.

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

OR

3. Foreign Passport Number:

Country of Issuance: (empty)

5. Under **Signature of Employee**, read statement and select **I agree**.

Signature of Employee

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.

By checking the I Agree check box, I acknowledge that I have read the attestation statement above and am electronically signing this Form I-9.

I Agree ☒

Today's Date 05/10/2022

6. Under **Preparer and/or Translator Certification** select one.

Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator.

☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

If you did not use a translator, leave **Signature of Preparer or Translator** blank.

If you used a preparer or translator, enter **How Many?** and **Signature of Preparer or Translator**.

How Many?

0

Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.

Signature of Preparer or Translator

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.

I Agree ☐

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

ZIP Code

7. Click **Submit**.

Submit