

# Payroll Coordinators

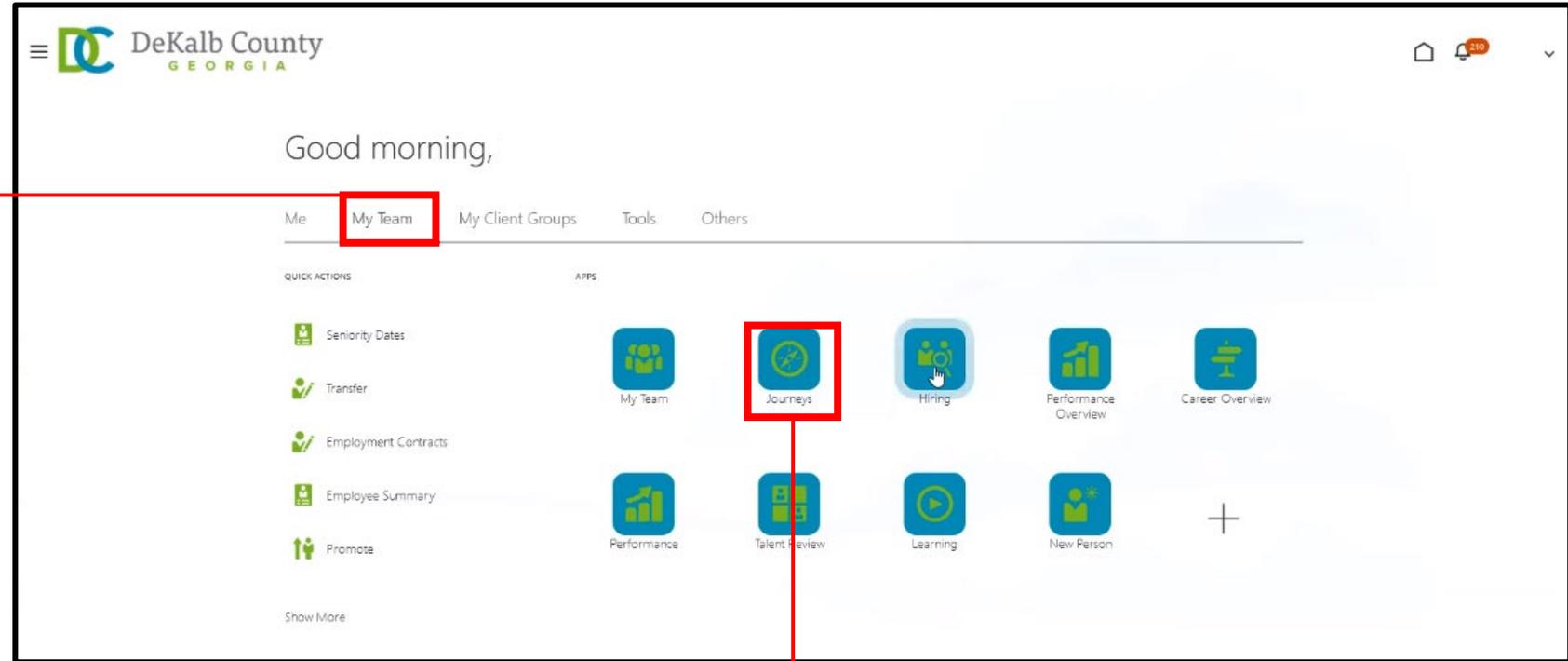
## Verify and Approve I-9 Documentation



# Verify and Approve I-9 Documentation

1

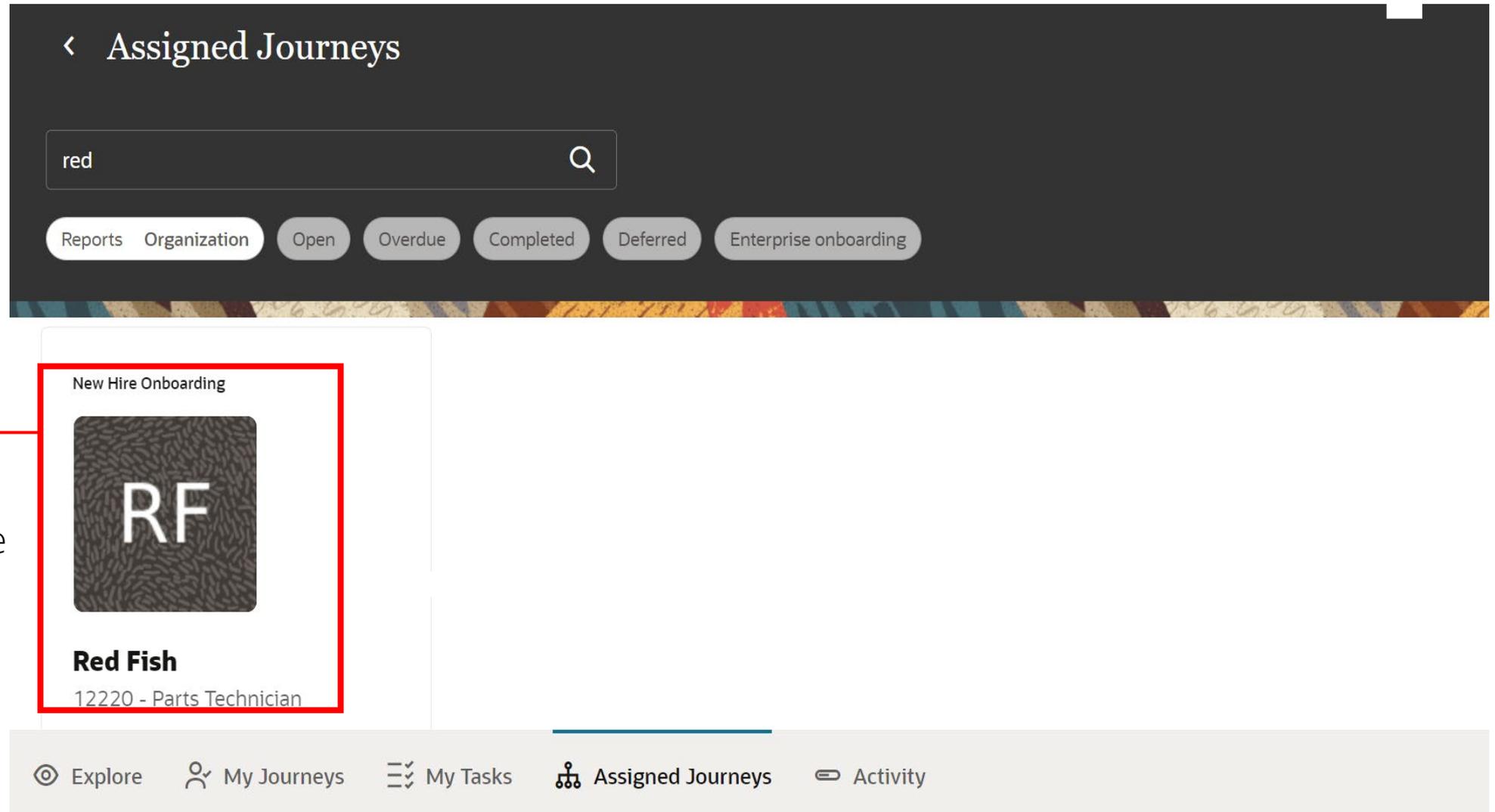
Select the My Team tab from the CV360 home page



2

Select the Journeys tile

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< Assigned Journeys

red

Reports Organization Open Overdue Completed Deferred Enterprise onboarding

New Hire Onboarding

RF

**Red Fish**  
12220 - Parts Technician

Explore My Journeys My Tasks Assigned Journeys Activity

3

Find and select the New Hire in the Assigned Journeys list

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[←](#) **New Hire Onboarding**  
Red Fish

Actions ▾ Add Tasks

Tasks completed 0 of 2

**My tasks**

Reassign Reopen

Select a maximum of 10 tasks for an action

<input type="checkbox"/>	 Before Day 1 <b>I-9 Section 2</b>	⋮ >
<input type="checkbox"/>	 Before Day 1 <b>I-9 Verification</b> Available once task I-9 Section 2 is completed	⋮ >

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Select the I-9 section 2 task

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 Before Day 1  
**I-9 Section 2**

As the Employer, please complete Section 2 of the worker's I-9. Please upload any necessary documents and click 'Done' when complete.

[Go to website](#)

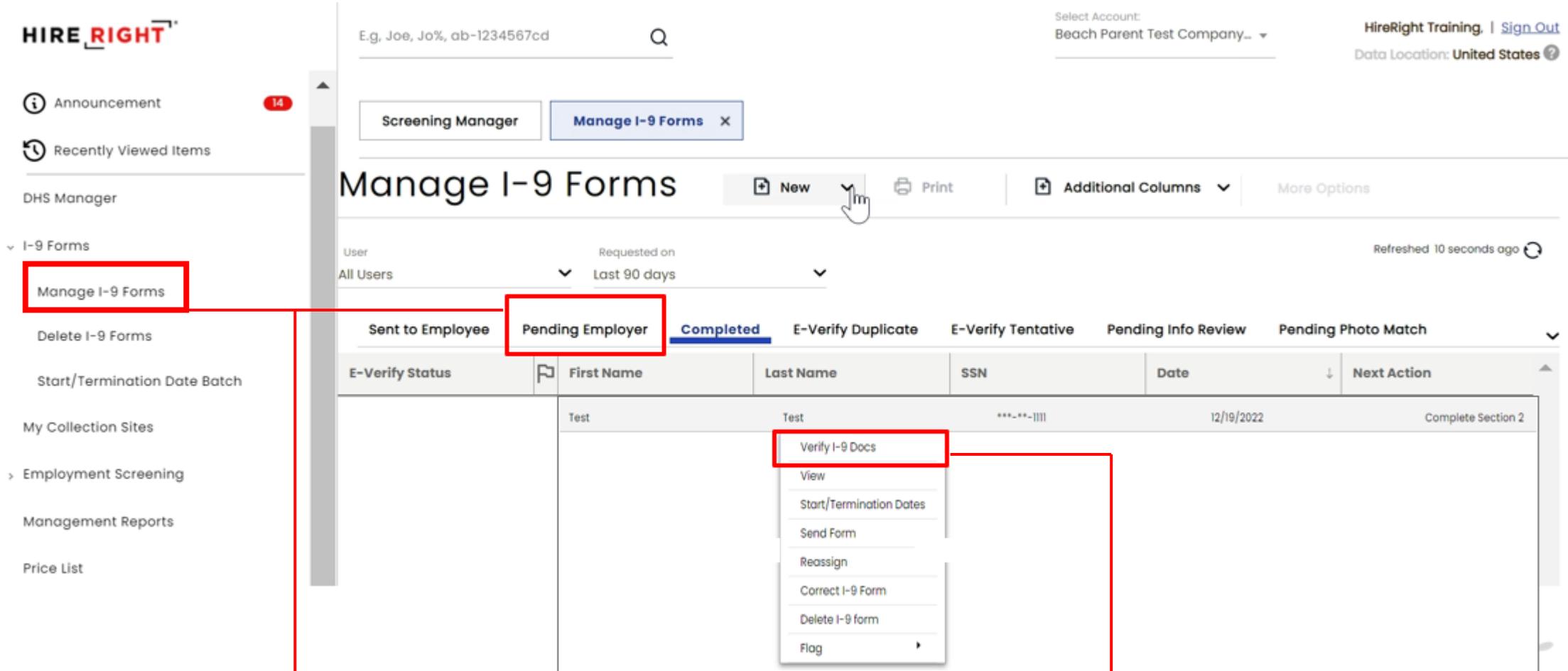
**Drag and Drop**  
Select or drop files here.

Done Not Applicable More Actions ▼

5

Select the **Go to Website** hyperlink

# Verify and Approve I-9 Documentation



HIRE RIGHT

E.g. Joe, Jo%, ab-1234567cd

Select Account: Beach Parent Test Company...

HireRight Training | Sign Out  
Data Location: United States

Announcement 14  
Recently Viewed Items  
DHS Manager

Screening Manager Manage I-9 Forms

## Manage I-9 Forms

New Print Additional Columns More Options

User: All Users Requested on: Last 90 days Refreshed 10 seconds ago

Sent to Employee Pending Employer Completed E-Verify Duplicate E-Verify Tentative Pending Info Review Pending Photo Match

E-Verify Status	First Name	Last Name	SSN	Date	Next Action
Test	Test	Test	***-**-1111	12/19/2022	Complete Section 2

- Verify I-9 Docs
- View
- Start/Termination Dates
- Send Form
- Reassign
- Correct I-9 Form
- Delete I-9 form
- Flag

6

Select Manage I-9 Form, Pending Employer tab and right-click on the employee's name

7

Select Verify I-9 Docs

# Verify and Approve I-9 Documentation

## I-9 Section 2

Name of Employee	Jane A Doe
Citizenship or immigration status	A citizen of the United States
<a href="#">▶ Employee Provided Information</a>	

### Identity and Employment

Employee's first day of employment

The employee will be required to provide a valid list A/B/C document with an expiration date after the employee's first day of employment.

Date

[Use Today's Date](#)

Month

-- Select From List --

Day

-- Select From List --

Year

-- Select From List --

8

Review Employee's Name and Citizenship status at the top of the form and Enter or confirm the Start Date.

# Verify and Approve I-9 Documentation

Document Selection

Enter document information presented by the employee.

9

*Use drop-down list to locate and select the document(s) presented or type in the name for quick access*

You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" link below.

List A

---Select From List A---

OR

List B

---Select From List B---

AND

List C

---Select From List C---

Below are links to official USCIS webpages that will always have the most up to date information.

[I-9 Handbook for Employers \(M-274\)](#)

[List of Acceptable Documents](#)

[ho is issued this doc](#)

[Information on Receipts](#)

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Select the **Next** button

NEXT

SAVE

# Verify and Approve I-9 Documentation

## I-9 Section 2

Name of Employee	Jane A Doe
Citizenship or immigration status	A citizen of the United States
<b>Employee Provided Information</b>	
<b>Identity and Employment</b>	
Employee's first day of employment	The employee will be required to provide a valid list A/B/C document with an expiration date after the employee's first day of employment.
	Date
	<a href="#">Use Today's Date</a>
	Month
	-- Select From List --
	Day
	-- Select From List --
	Year
	-- Select From List --

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Expand **Employee Provided Information** to review what the Employee entered Section 1 before completing Section 2.

# Verify and Approve I-9 Documentation

Name of Employee	Test Test
Citizenship or immigration status	A citizen of the United States
<b>Employee Provided Information</b>	
Name of Employee	Legal First Name (Given Name): Test Legal Last Name (Family Name): Test Do you have a legal middle initial? No I certify that I do not have any middle initial (if checked "N/A" will be displayed in the Middle Initial field of Section 1): ✓ Have used any other last names? No I certify that I have not used any other last names (if checked "N/A" will be displayed in the Other Last Names Used field of Section 1): ✓
	Country: USA Address (Street Number and Name): 1101 W Test Do you have an apartment or suite number? No I certify that I do not have any apartment number (if checked "N/A" will be displayed in the Apt. Number field of Section 1): ✓ City or town: Tulsa State: Oklahoma Zip/Postal Code: 74146
Date of Birth	Month: ** Day: ** Year: ****
E-mail Address	Would you like to provide your e-mail address? No
Telephone Number	Would you like to provide your telephone number? No
Status	What is your citizenship or immigration status? A citizen of the United States
Document Upload	<a href="#">U.S. Passport</a>
Social Security Number	Enter your SSN: ***-**-1111 Please enter your SSN again: ***-**-1111

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Select the document link in the Document Upload section to view the submitted I-9 documentation

# Verify and Approve I-9 Documentation

## I-9 Section 2

Name of Employee	Jane A Doe
Citizenship or immigration status	A citizen of the United States
▶ Employee Provided Information	
▶ Identity and Employment	

### Employer or Authorized Representative

All fields are required

Employer or Authorized Representative

First Name of Employer or Authorized Representative

Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2.

First name refers to the given name.

Sally

Last Name of Employer or Authorized Representative

Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2.

Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names.

Hansen

Title of Employer or Authorized Representative

Enter the title, position or role of the person who physically examines the employee's original document(s), completes, and signs Section 2.

Human Resource Manager

Email of Employer or Authorized Representative

Enter the e-mail address of the person who physically examines the employee's original document(s), completes, and signs Section 2.

sally@abc.com



User profile information and company name and address are prefilled and editable, if needed.

# Verify and Approve I-9 Documentation

## Employer's Business or Organization

### Employer's Business or Organization Name

Enter the name of the employer's business or organization.

**ABC Company**

### Employer's Business or Organization Address (Street Number and Name)

Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

**5151 California Avenue**

### City or Town

Enter the city or town for the Employer's Business or Organization Address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.

**Irvine**

### State

Select the state where the Employer's Business or Organization Address is located from the dropdown list provided. You may also type the first letter of the state and use the down arrow to select your state or territory.

**California**

### Zip/Postal Code

Enter the 5-digit ZIP code for the Employer's Business or Organization Address.

**92617**

! If being completed by a Payroll Coordinator, they may need to enter the address information, depending on how your account is configured.

# Verify and Approve I-9 Documentation

## I-9 Section 2

Name of Employee	Jane A Doe
Citizenship or immigration status	A citizen of the United States
▶ Employee Provided Information	
▶ Identity and Employment	
▶ Employer or Authorized Representative	

### Additional Information

All fields are required unless specified

I-9 Additional Information Area	Is there any additional information you need to document on this I-9? <input type="radio"/> Yes <input type="radio"/> No
ABC Corp. additional information	Reference ID (Optional) <input type="text"/>

**NEXT**

**SAVE**

Worksheet Review

Attestation and E-Signature - Employer or Authorized Representative

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Use the Additional Information section if needed, to document additional details or documentation and click **NEXT**. Complete other fields, if applicable.

# Verify and Approve I-9 Documentation

▼ Identity and Employment

Employee's first day of employment	Date: Month: <b>December</b> Day: <b>01</b> Year: <b>2022</b>
Document Selection	List A: List B: <b>Drivers license issued by state/territory</b> List C: <b>Social Security Card (Unrestricted)</b>
Drivers license issued by state/territory	Issuing Authority: <b>California</b> Document Number: <b>c5757123</b> Does this document have an expiration date?: <b>Yes</b> Expiration Date: Month: <b>December</b> Day: <b>19</b> Year: <b>2026</b>
Social Security Card (Unrestricted)	Issuing Authority: <b>Social Security Administration</b> Document Number: <b>***-**-1111</b> Does this document have an expiration date?: <b>No</b> I certify the document the employee presented does not have an expiration date.: <input checked="" type="checkbox"/>

[Edit](#)

▼ Employer or Authorized Representative

Employer or Authorized Representative	First Name of Employer or Authorized Representative: <b>Sally</b> Last Name of Employer or Authorized Representative: <b>Hansen</b> Title of Employer or Authorized Representative: <b>Human Resource Manager</b> Email of Employer or Authorized Representative: <b>sally@abc.com</b>
Employer's Business or Organization	Employer's Business or Organization Name: <b>ABC Company</b> Address (Street Number and Name): <b>5151 California Avenue</b> City or Town: <b>Irvine</b> State: <b>California</b> Zip/Postal Code: <b>92617</b>

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Select the **Edit** button.

# Verify and Approve I-9 Documentation

▼ **Employer or Authorized Representative**

Employer or Authorized Representative	First Name of Employer or Authorized Representative: <b>Sally</b> Last Name of Employer or Authorized Representative: <b>Hansen</b> Title of Employer or Authorized Representative: <b>Human Resource Manager</b> Email of Employer or Authorized Representative: <b>sally@abc.com</b>
Employer's Business or Organization	Employer's Business or Organization Name: <b>ABC Company</b> Address (Street Number and Name): <b>5151 California Avenue</b> City or Town: <b>Irvine</b> State: <b>California</b> Zip/Postal Code: <b>92617</b>

[Edit](#)

▼ **Additional Information**

I-9 Additional Information Area	Is there any additional information you need to document on this I-9? <b>No</b>
ABC Corp. additional information	Reference ID (Optional):

[Edit](#)

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Complete the review and check box to certify that the information that appears above should be inserted into **Section 2 of the Form I-9** and click **NEXT**

## Worksheet Review

Please certify that the information is correct using the checkbox below in order to proceed.

Employer or Authorized Representative

I certify that the information that appears above should be inserted into Section 2 of the Form I-9.

**NEXT**

Attestation and E-Signature - Employer or Authorized Representative

# Verify and Approve I-9 Documentation

I-9 Section 2

## Attestation and E-Signature - Employer or Authorized Representative

All fields are required

Final Review

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Review the new hire details on the I-9 form

Please review all the information on Section 2 of the I-9 Form.

List A Identity and Employment Authorization		OR	List B Identity		AND	List C Employment Authorization	
Document Title N/A	Issuing Authority N/A		Document Title Drivers license issued by state /terrilory	Issuing Authority California		Document Title Social Security Card (Unrestricted)	Issuing Authority Social Security Administration
Document Number N/A	Expiration Date (if any)(mm/dd/yyyy) N/A		Document Number c5757123	Expiration Date (if any)(mm/dd/yyyy) 12/19/2025		Document Number *****1111	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A	Issuing Authority N/A		Additional Information			QR Code - Sections 2 & 3 Do Not Write in This Space	
Document Number N/A	Expiration Date (if any)(mm/dd/yyyy) N/A						
Document Title N/A	Issuing Authority N/A						
Document Number N/A	Expiration Date (if any)(mm/dd/yyyy) N/A						

**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/yyyy): 12/05/2022 (See Instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Hansen	Sally	Human Resource Manager		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Hansen	Sally	ABC Company		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code
5151 California Avenue		Irvine	CA	92617

If you found any errors, please make the proper corrections now.

[Edit Worksheet](#)

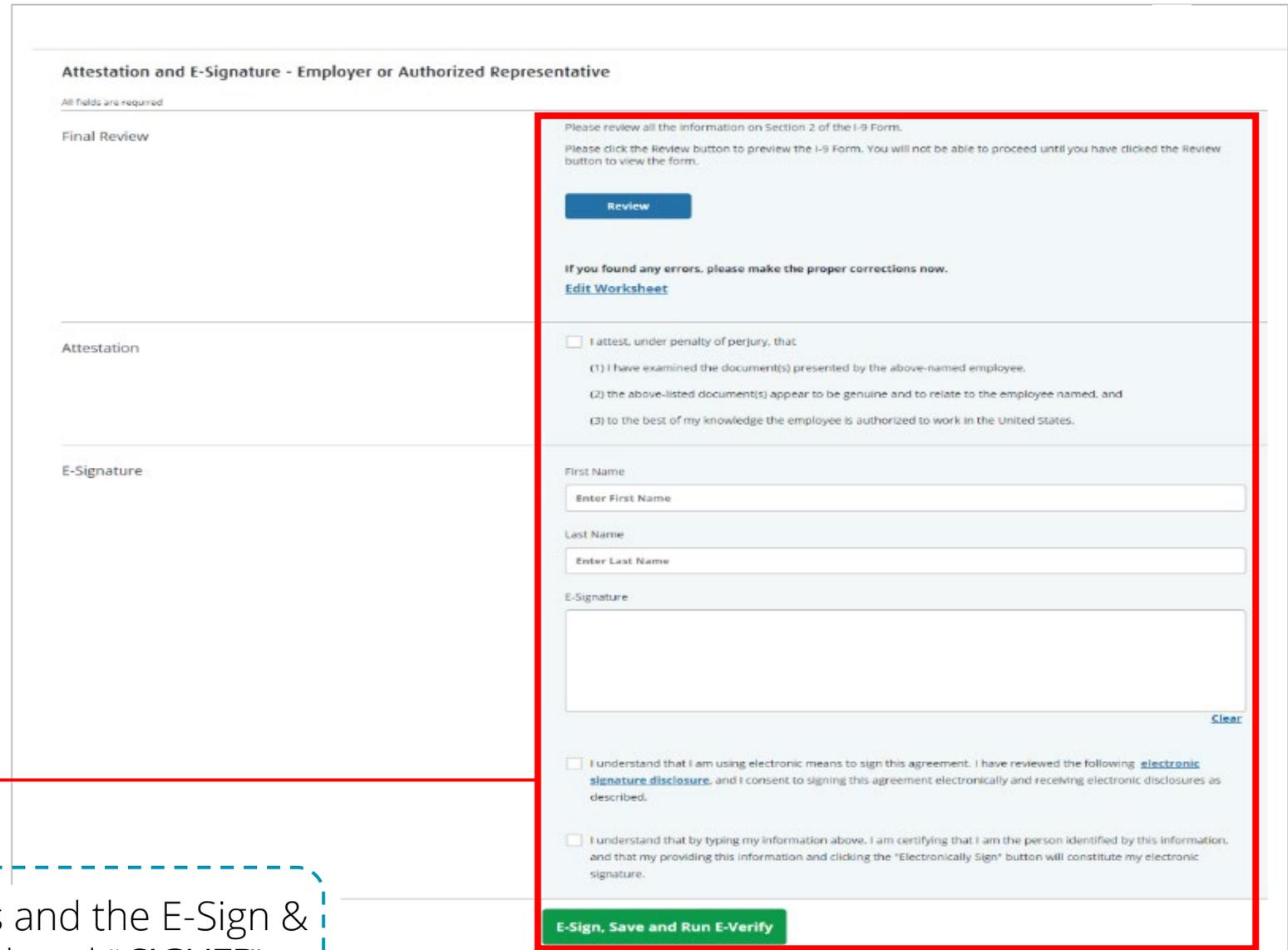
# Verify and Approve I-9 Documentation

After completing the Form I-9, read and check the attestation statement checkboxes. Click the **E-sign, Save & Run E-Verify**.

The Form I-9 is electronically stored in your account.

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**NOTE:** By clicking the attestation buttons and the E-Sign & Save button, the document will be considered "**SIGNED**".



**Attestation and E-Signature - Employer or Authorized Representative**

All fields are required

**Final Review**

Please review all the information on Section 2 of the I-9 Form.  
Please click the Review button to preview the I-9 Form. You will not be able to proceed until you have clicked the Review button to view the form.

[Review](#)

If you found any errors, please make the proper corrections now.  
[Edit Worksheet](#)

**Attestation**

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.

**E-Signature**

First Name

Last Name

E-Signature  
  
[Clear](#)

I understand that I am using electronic means to sign this agreement. I have reviewed the following [electronic signature disclosure](#), and I consent to signing this agreement electronically and receiving electronic disclosures as described.

I understand that by typing my information above, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button will constitute my electronic signature.

[E-Sign, Save and Run E-Verify](#)

# Verify and Approve I-9 Documentation

Processing Request ....

Please wait while your request is being processed

Processing Results 

**HIRE RIGHT**<sup>®</sup>



HireRight receives the I-9 record and the E-verify Check process initiates upon Section 2 completion

# Verify and Approve I-9 Documentation

## I-9 Employment Eligibility Form

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Thank You

Order details

Thank you for your submission for John Doe.

Electronic I-9 Form: **Created Successfully**

E-Verify Case Status: **Draft**

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[View E-Verify Report](#) [View I-9 Form](#) [Upload Supporting Documents](#)

Use short cut tools to **Upload Supporting Documents**, if applicable to your organization, or close window.

**NOTE:** Departments should get a status of “Employment Authorized” (instead of *Draft*).

If the department receives anything else other than “Employment Authorized” they need to contact central HR/HRIS (Carl Grimes, Benjamin Williams, or Anna Kinsey).