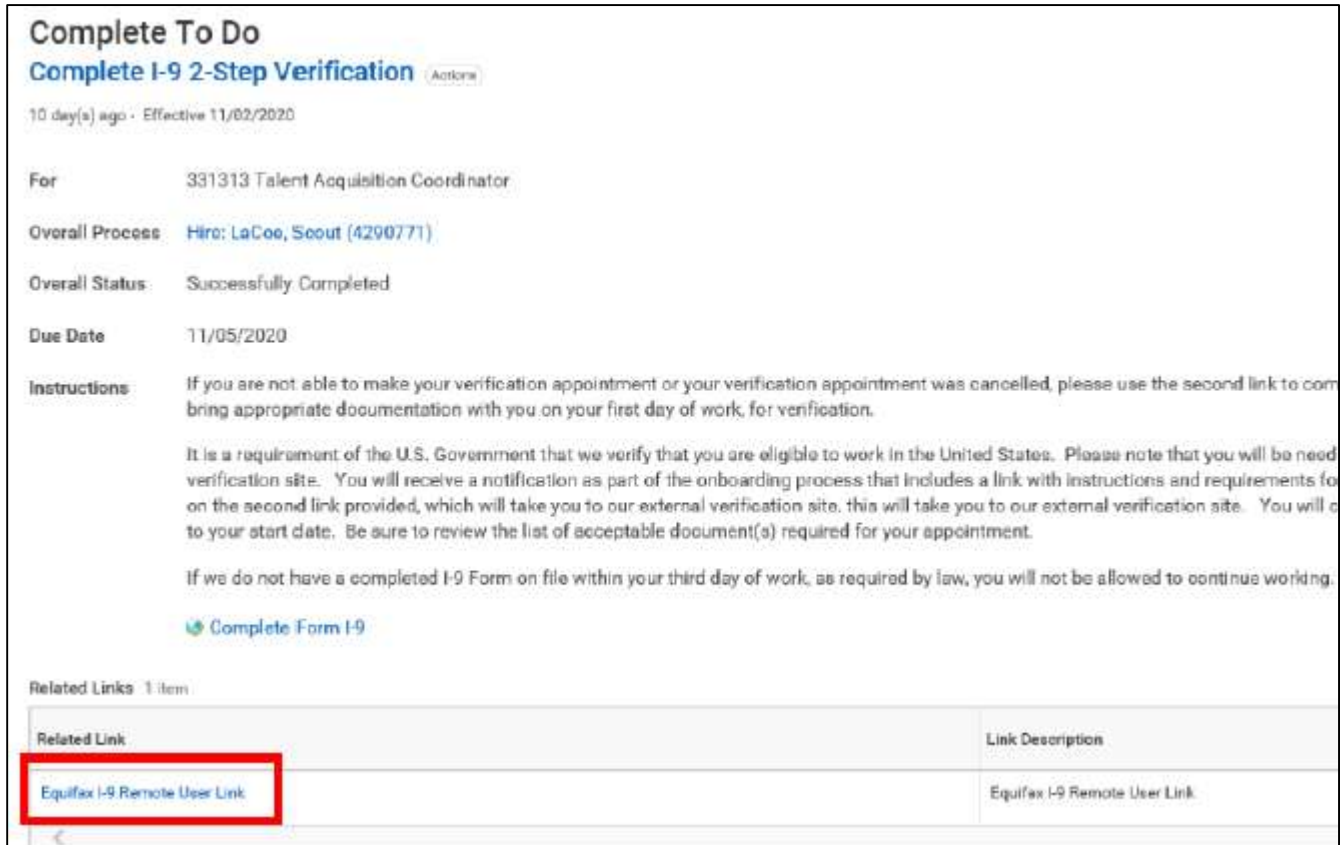


I-9 Anywhere

Please use the following instructions to complete your Form I-9. You'll access your Form I-9 from your Workday inbox or using the following link <https://hrx.talx.com/ec/#/login/14229/Template/de237afb-17f6-4524-abea-a380cde206fa>.

If you are having trouble accessing Workday from home, please reach out to the HR Service Center at 1-877-750-4748.

1. Open your Form I-9 inbox task in Workday. To complete your Form I-9, click on the **Equifax I-9 Remote User Link**. **If you press the wrong link, you won't be able to schedule an appointment for section 2.



Complete To Do
Complete I-9 2-Step Verification Actions

10 day(s) ago · Effective 11/02/2020

For: 331313 Talent Acquisition Coordinator

Overall Process: [Hiro: LaCoe, Scout \(4290771\)](#)

Overall Status: Successfully Completed

Due Date: 11/05/2020

Instructions: If you are not able to make your verification appointment or your verification appointment was cancelled, please use the second link to bring appropriate documentation with you on your first day of work for verification.

It is a requirement of the U.S. Government that we verify that you are eligible to work in the United States. Please note that you will be need verification site. You will receive a notification as part of the onboarding process that includes a link with instructions and requirements for on the second link provided, which will take you to our external verification site. this will take you to our external verification site. You will c to your start date. Be sure to review the list of acceptable document(s) required for your appointment.

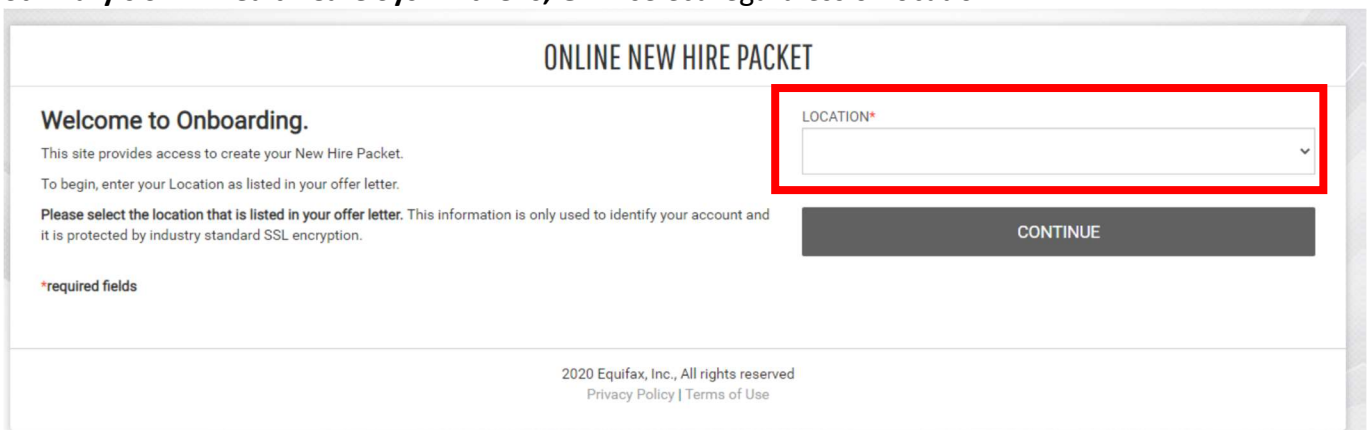
If we do not have a completed I-9 Form on file within your third day of work, as required by law, you will not be allowed to continue working.

[Complete Form I-9](#)

Related Links: 1 item

Related Link	Link Description
Equifax I-9 Remote User Link	Equifax I-9 Remote User Link

2. Select the location where you'll be working. Using the dropdown box, scroll until you find St. Mary's SMA Health Care Sys – Athens, GA. It is near the bottom.
St. Mary's SMA Health Care Sys – Athens, GA – select regardless of location



ONLINE NEW HIRE PACKET

Welcome to Onboarding.
This site provides access to create your New Hire Packet.
To begin, enter your Location as listed in your offer letter.
Please select the location that is listed in your offer letter. This information is only used to identify your account and it is protected by industry standard SSL encryption.

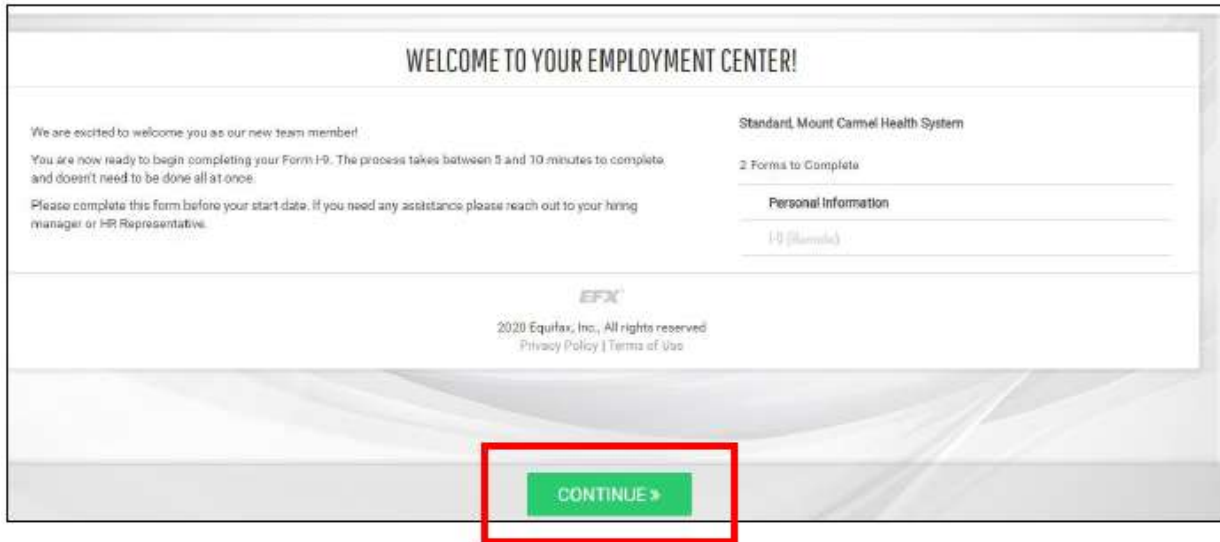
LOCATION*

CONTINUE

*required fields

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Privacy Policy | Terms of Use

3. Next, you'll see the below instructions page. After reading through the information, press **Continue**.



4. Under **Personal Information** you'll fill out all the below fields then scroll down to **Physical Address**.

PERSONAL INFORMATION

Standard, Mount Carmel Health System

Summary

REQUIRED FIELD

Personal Information

PERSONAL IDENTIFICATION

Social Security Number*

Confirm Social Security Number*

-OR- SSN Applied For

First Name (Given Name)**

Middle Initial

Last Name (Family Name)**

Other Last Name Used

Email Address*

Telephone*

Date of Birth*

PHYSICAL ADDRESS

< BACK

CONTINUE >

5. Add your HOME address to the fields below **Physical Address**.

PERSONAL INFORMATION

Standard, Mount Carmel Health System

Summary

PHYSICAL ADDRESS

Street Address*

Apt

Zip code*

City*

State*

County*

SIGNATURE

By electronically signing this document below, you:

- Agree that your initials, in conjunction with your personal password that you used to gain access to the system, will identify that record or transaction as yours.

< BACK

CONTINUE >

6. Scroll down to **Signature** and type in your initials, then press Continue.

EMPLOYMENT CENTER

PERSONAL INFORMATION

PERSONAL INFORMATION
Standard, Mount Carmel Health System

SIGNATURE

By electronically signing this document below, you:

- Agree that your initials, in conjunction with your personal password that you used to gain access to the system, will identify that record or transaction as yours.
- Agree that because an electronic record or transaction undertaken with your password will be attributed to you, it is essential that you keep it secure. You also agree that you will not disclose your password to another person.
- Understand that a record or signature may not be denied legal effect or enforceability solely because it is in electronic form.
- Attest that the information you have provided is correct to the best of your knowledge, and understand that such information may be used to auto-fill other required documentation.

Your initials*

JND

« BACK CONTINUE »

7. Next, you'll add your start date (orientation date) to the field below. You can find this in your offer letter.

EMPLOYMENT CENTER

I-9 (REMOTE)

Jane N Doe, Standard, Mount Carmel Health System

USCIS Form I-9
OMB No. 1515-0047
Expires 10/31/2022

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE. Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation

Review information in English | [Revisar información en Español](#) | [I-9 Instructions in English](#) | [I-9 Instrucciones en Español](#)

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.

Hire Date on Offer Letter (mm/dd/yyyy)

10/12/2020

« BACK CONTINUE »

8. Scroll down to the **Citizen Attestation** section and select one of the four (4) options that pertains to you. Next, you'll select the option that pertains to you under **Preparer and/or Translator Certification**. Press **Continue**.

EMPLOYMENT CENTER

I-9 (REMOTE)

Jane N Doe, Standard, Mount Carmel Health System

Citizen Attestation

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:

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (see instructions)
- 3. A lawful permanent resident
- 4. An alien authorized to work until

Preparer and/or Translator Certification

- I did not use a preparer or translator
- A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

« BACK CONTINUE »

9. Review the information under **Employee Review**. *Double check your Date of Birth, Social Security Number and the spelling of your name. If any of this information is incorrect use the **Edit Personal Info** link shown below. Once the information has been reviewed and looks correct, check the box and press **Continue**.

I-9 (REMOTE)
Jane N Doe, Standard, Mount Carmel Health System

EMPLOYMENT CENTER
Personal Information
I-9 (Remote)

EMPLOYEE REVIEW

Review information in English | [Revisar información en Español](#) | [I-9 Instructions in English](#) | [I-9 Instrucciones en Español](#)

This information should be reviewed and completed by the employee who prepared the I-9 form.

Jane N Doe

Date of Birth: 01/01/1990
U.S. Social Security Number: 123-45-6789

Address: 6150 East Broad Street Columbus, OH 43213
E-mail Address: jane.doe@mchs.com
Telephone Number: 6145464149

Work Status: A Citizen of the United States

Hire Date on Offer Letter: 10/12/2020

I-9 (REMOTE)
Jane N Doe, Standard, Mount Carmel Health System

EMPLOYMENT CENTER
Personal Information
I-9 (Remote)

EMPLOYEE ELECTRONIC SIGNATURE

Employee Signature in English | Firma del empleado en español

I attest that I have read, understand, and agree to the statements appearing in the form I-9 in addition to the following:

By providing your signature below, you:

By checking this checkbox, I attest that I have read, understand, and agree to the statements appearing on the Form I-9 above in addition to the following:

- Agree to electronically sign this document
- Understand 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.
- Understand that the employer may electronically verify your work authorization with the United States Government.

[Edit Personal Info](#) | [BACK](#) | [CONTINUE](#)

10. Next, you'll be prompted to schedule an appointment to get your documents verified for **Section 2**. Press **Continue**.

I-9 (REMOTE)
Jane N Doe, Standard, Mount Carmel Health System

EMPLOYMENT CENTER
Personal Information
I-9 (Remote)

Okay, one last thing! Someone will have to verify your documents

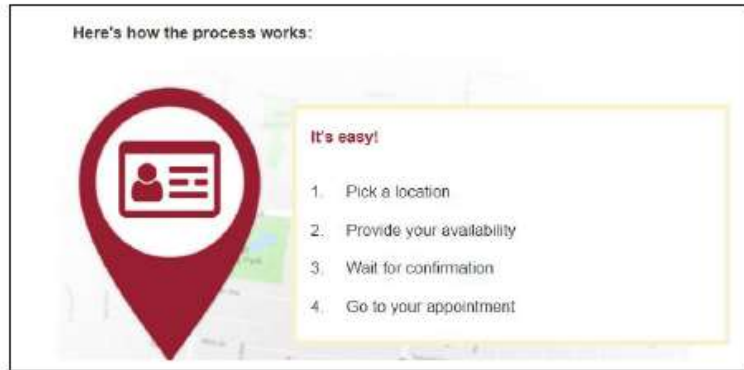
Your employer has partnered with trusted sources in the industry in order to verify your documents.

Here's how the process works:

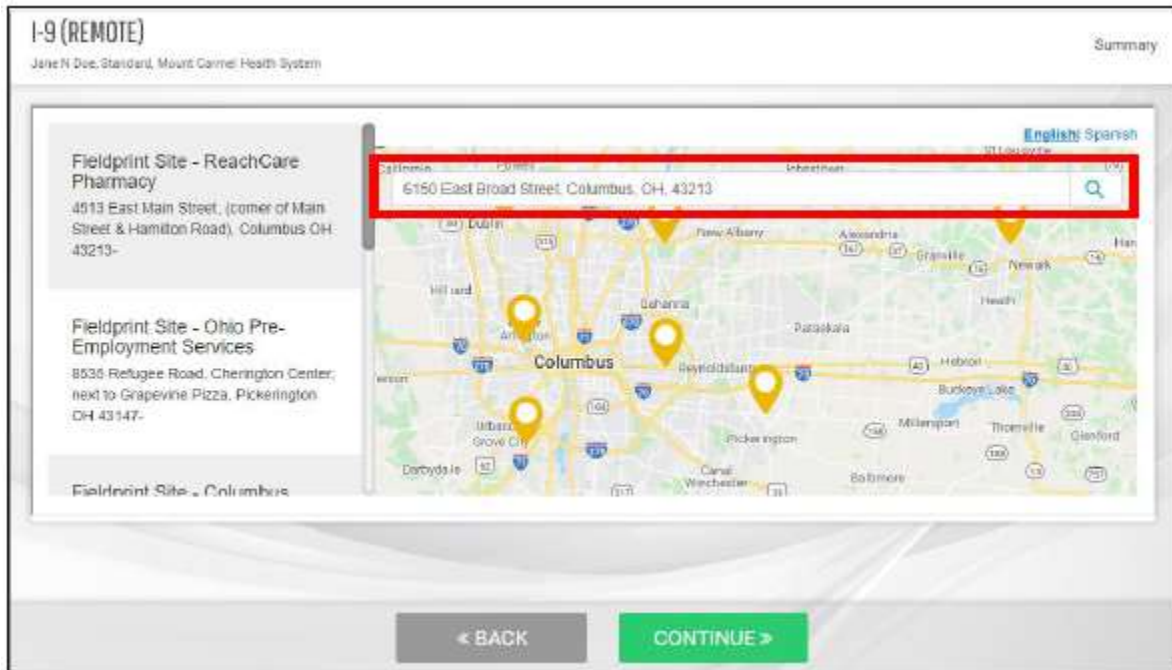
It's easy!

1. Pick a location

[BACK](#) | [CONTINUE](#)

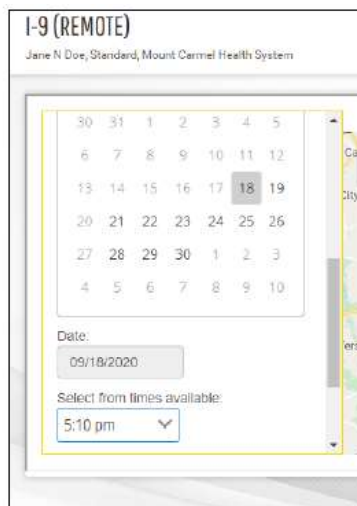
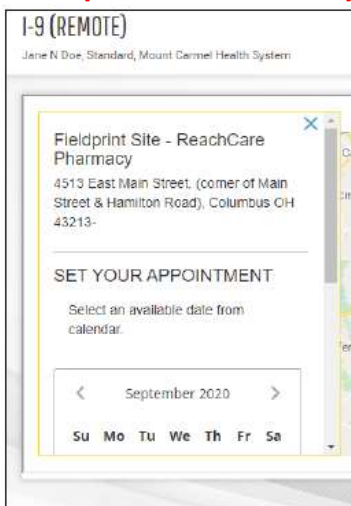


1. Nearest locations will populate based on the home address you entered on Section 1 of your I-9. If you'd like to use a different address to find an I-9 location use the search bar (pictured below).



2. Scroll through the locations on the left-hand side and select the location you'd like to go to. After you click on the location, you'll scroll down to Set your Appointment. Click on the date for your appointment then select from the drop down for the times that are available. You'll see your selections at the bottom.

***Note: Your appointment must be completed by the Wednesday before your start date (orientation date).**



3. Confirm your appointment and press **Continue**.

I-9 (REMOTE)
Jane N Doe, Standard, Mount Carmel Health System

27 28 29 30 1 2 3
4 5 6 7 8 9 10

Date:
09/18/2020

Select from times available:
5:10 pm

Please continue to confirm your appointment.
Your appointment will be scheduled on 09/18/2020 at 5:10 pm

4. Next, you'll see your confirmation page. Your appointment information will also be emailed to you. Feel free to print this page. Press **Continue** after reviewing this information.

****Review the acceptable documents BEFORE you go to your appointment. You'll need to take your acceptable documents with you to your appointment.**

I-9 (REMOTE) Summary
Jane N Doe, Standard, Mount Carmel Health System

NEXT STEPS Print this page

You're almost done... English|Spanish

After reviewing your appointment information below, click the continue button at the bottom of the screen to finish.

SELECTED LOCATION & TIME

Fieldprint Site - ReachCare Pharmacy
4513 East Main Street, (corner of Main Street & Hamilton Road), Columbus OH 43213-

Time slot(s):
Fri 09/18/20
05:10PM
Add to Calendar

APPOINTMENT NUMBER
8624304

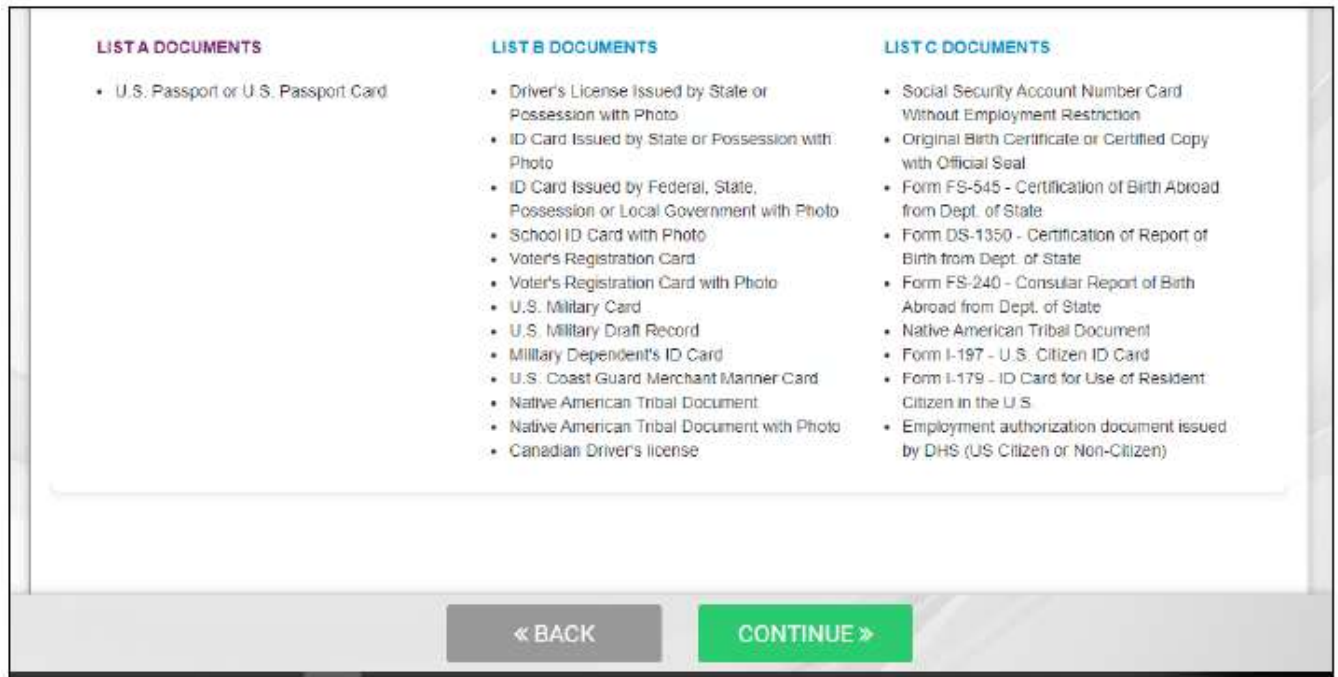
EMAIL APPOINTMENT NUMBER
Please remember to bring this with you to your appointment!

ACCEPTABLE DOCUMENTS

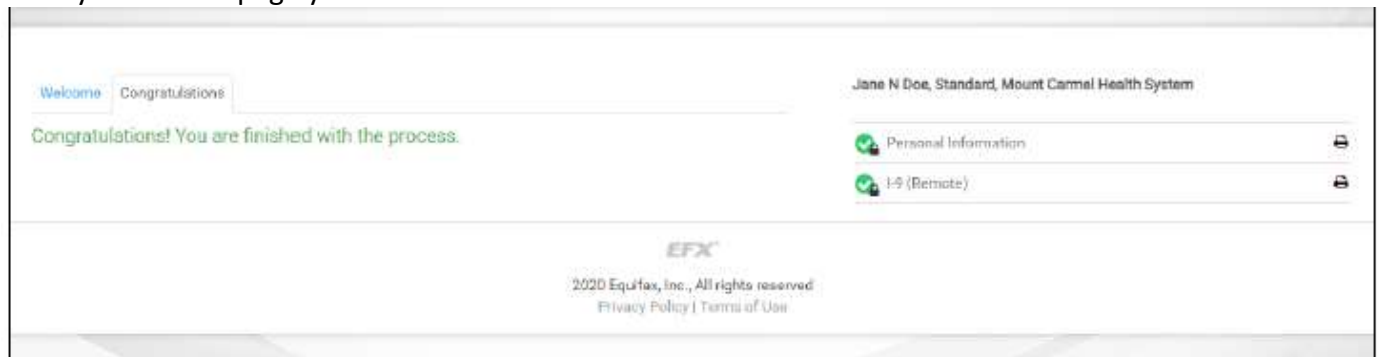
Please remember to bring **ORIGINAL**, unexpired documentation to your appointment as follows - a List A document OR one document each from List B and List C. List A documents establish identity and authorization to work in the United States, while list B documents establish identity only and List C documents establish work authorization only. Examples of each are listed below:

If your employer participates in the Department of Homeland Security's E-Verify program to verify employees work authorization please note that any identity document you present must contain a photograph.

When you completed Section 1 of the Form I-9 you provided your electronic signature, which will be applied to Further Action Notices issued through the E-verify program. Such notices are issued when there is a tentative non-confirmation (TNC) due to a discrepancy in the information and you decide to contest/not consent the TNC issued by either the Social Security Administration or Department of Homeland Security.



5. Once you see this page you are done with section 1!

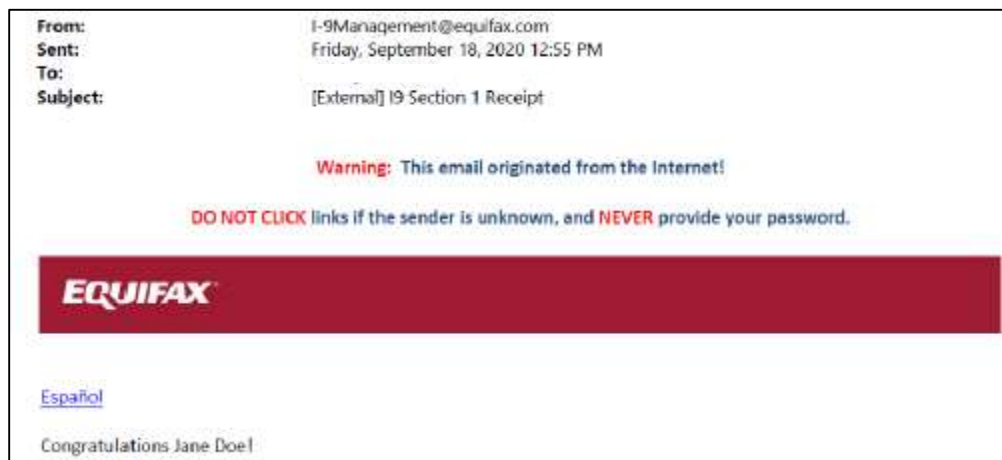


6. Any questions? Reach out to Workforce Solutions Support for further assistance.

Phone: 877-664-8778 Email: workforcesolutionsupport@equifax.com

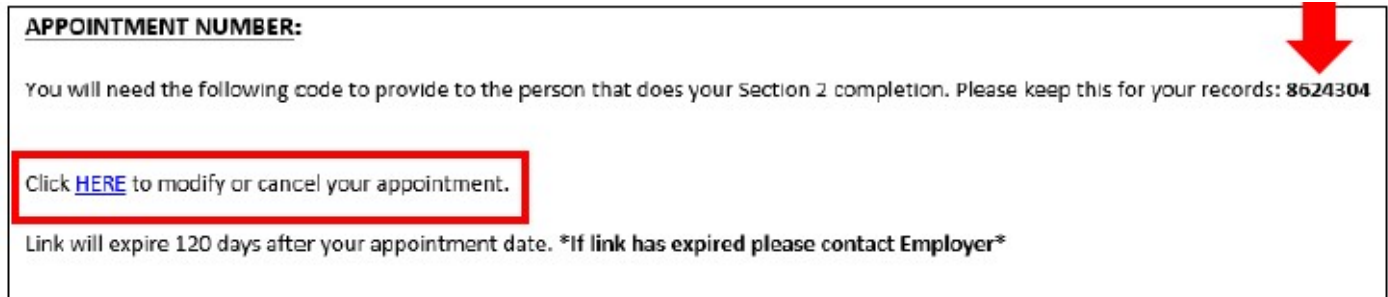
Hours: Monday-Friday, 7:00AM – 7:00PM, Central Time (excluding holidays)

7. You'll receive the following email regarding your appointment. *Make sure to check your spam or junk mail inbox.



If you need to cancel or modify your appointment:

1. Scroll down through the email and click on the link (shown below). ****You'll need the appointment number to cancel or modify your appointment.**




APPOINTMENT NUMBER:

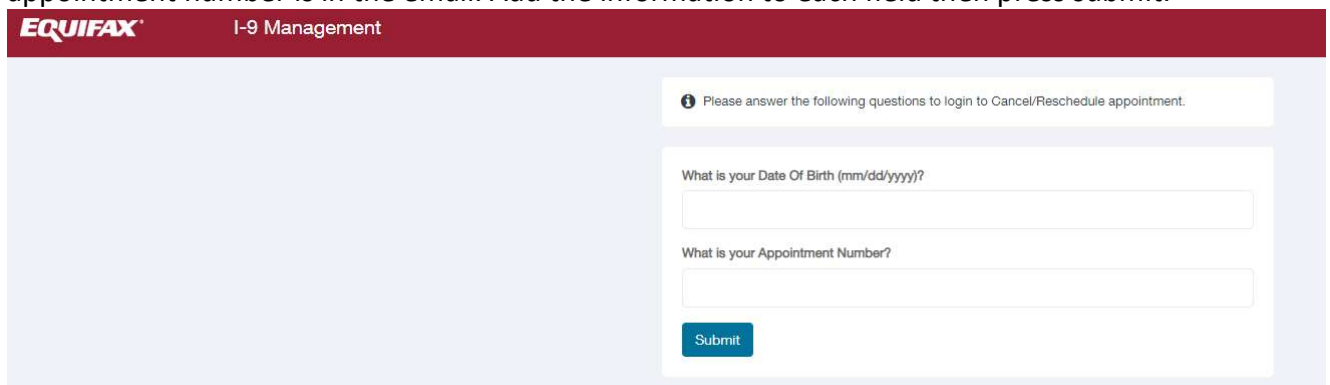
You will need the following code to provide to the person that does your Section 2 completion. Please keep this for your records: **8624304**

Click [HERE](#) to modify or cancel your appointment.

Link will expire 120 days after your appointment date. ***If link has expired please contact Employer***



2. After you click on the link you'll have to provide the information below. ***Remember, your appointment number is in the email. Add the information to each field then press submit.**



EQUIFAX I-9 Management

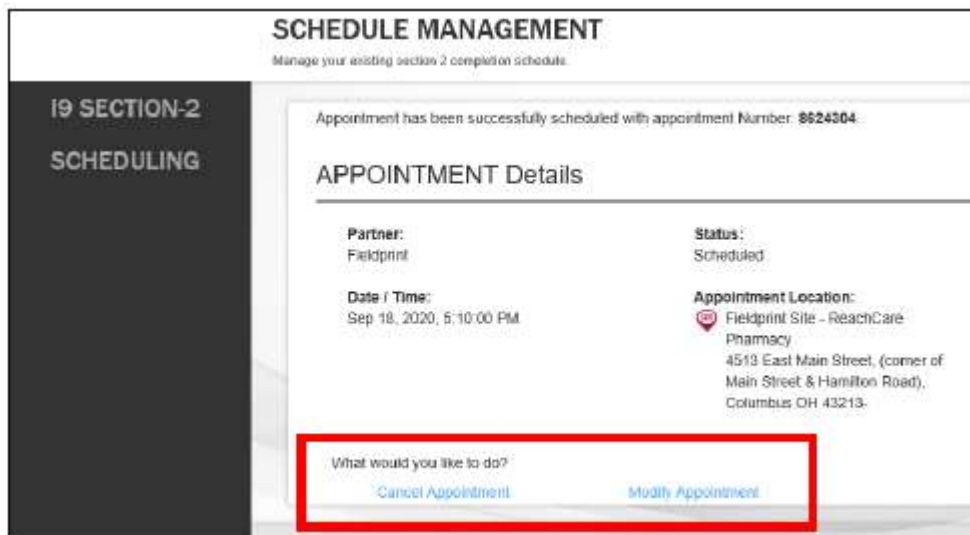
Please answer the following questions to login to Cancel/Reschedule appointment.

What is your Date Of Birth (mm/dd/yyyy)?

What is your Appointment Number?

Submit


3. The **Schedule Management** page shows you your appointment details. If you need to cancel or modify your appointment use the links at the bottom of the page. ****DO NOT CANCEL YOUR APPOINTMENT WITHOUT SCHEDULING ANOTHER.**



SCHEDULE MANAGEMENT
Manage your existing section 2 completion schedule.

Appointment has been successfully scheduled with appointment Number: **8624304**.

APPOINTMENT Details

Partner: Fieldprint	Status: Scheduled
Date / Time: Sep 18, 2020, 5:10:00 PM	Appointment Location:  Fieldprint Site - ReachCare Pharmacy 4513 East Main Street, (corner of Main Street & Hamilton Road), Columbus OH 43213.

What would you like to do?

[Cancel Appointment](#) [Modify Appointment](#)

4. You'll receive another email showing the details of your canceled or modified appointment. Again, if you have any questions contact Workforce Solutions Support for further assistance.
Phone: 877-664-8778 Email: workforcesolutionsupport@equifax.com
Hours: Monday-Friday, 7:00AM – 7:00PM, Central Time (excluding holidays)

***All documents must be UNEXPIRED ORIGINALS (no copies will be accepted)**

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security