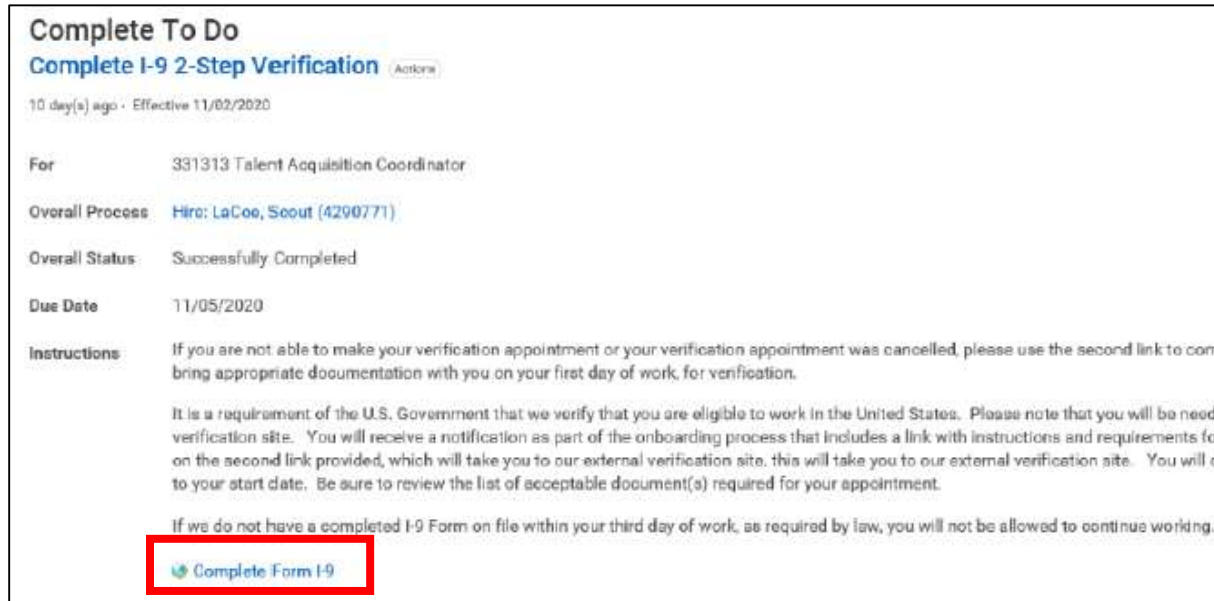


# I-9 Anywhere

Please use the following instructions to complete your Form I-9. You'll access your Form I-9 from your Workday inbox. 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 **Complete Form I9 User Link**.



**Complete To Do**  
**Complete I-9 2-Step Verification** Action

10 day(s) ago · Effective 11/02/2020

**For:** 331313 Talent Acquisition Coordinator

**Overall Process:** Hire: 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 complete your verification. Bring appropriate documentation with you on your first day of work, for verification.

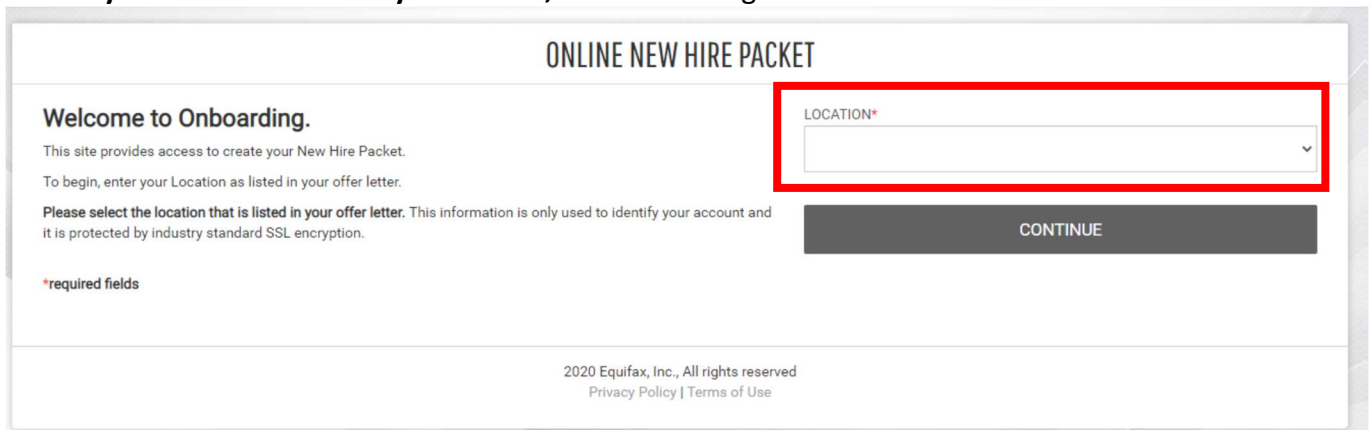
It is a requirement of the U.S. Government that we verify that you are eligible to work in the United States. Please note that you will be need verification site. You will receive a notification as part of the onboarding process that includes a link with instructions and requirements for the second link provided, which will take you to our external verification site. This will take you to our external verification site. You will need to complete this by 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](#)

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.

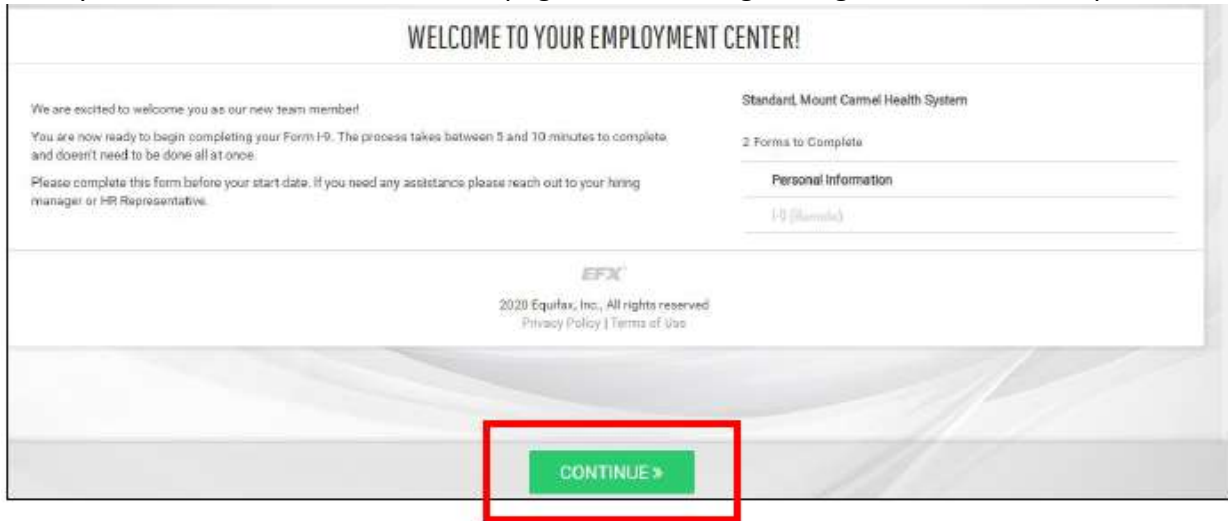
\*required fields

**LOCATION\***

**CONTINUE**

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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**.

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

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

PERSONAL INFORMATION  
Standard, Mount Carmel Health System

EMPLOYMENT CENTER

Personal Information

I-9 (Remote)

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.

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

EMPLOYMENT CENTER

Personal Information

I-9 (Remote)

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

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

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 | Revisa 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

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**.

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

**Citizenship 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 in the U.S.

**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.

[Edit Personal Info](#)    << 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

**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

[Edit Personal Info](#)    << BACK    **CONTINUE >>**

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

**EMPLOYEE ELECTRONIC SIGNATURE**  
Employee Signature in English | Firma del empleado en español

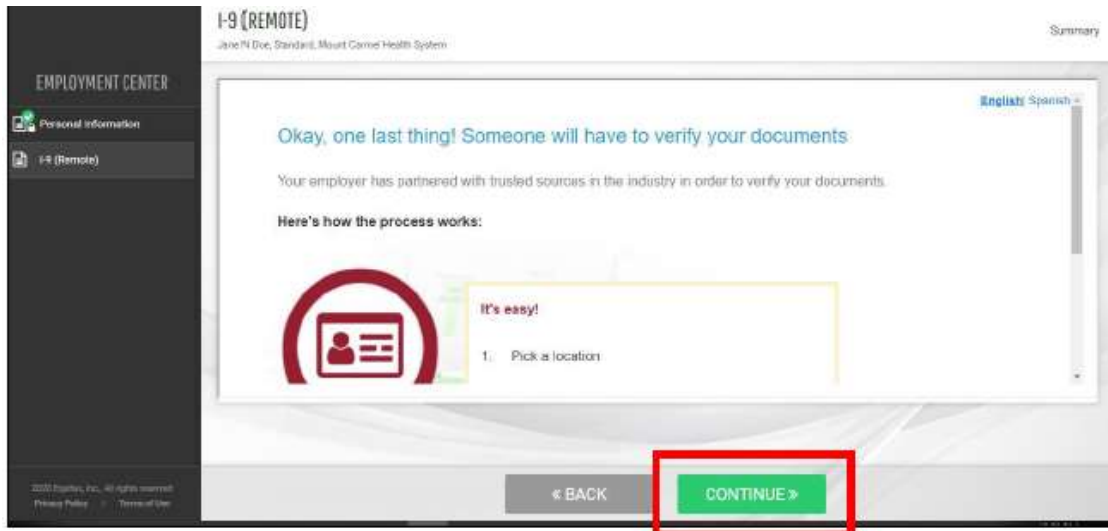
I attest that I have read, understand, and agree to the statements appearing in the form I-9 in addition to the following:

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**.



Any questions? Reach out to Workforce Solutions Support for further assistance.  
Phone: 877-664-8778 Email: [workforcesolutionsupport@equifax.com](mailto:workforcesolutionsupport@equifax.com)  
Hours: Monday-Friday, 7:00AM – 7:00PM, Central Time (excluding holidays)

## Please take your I9 IDs to HealthWorks:

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

**\*\*Please review the acceptable documents BEFORE you go to HealthWorks.**

### 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/hold consent the TNC issued by either the Social Security Administration or Department of Homeland Security.

#### LIST A DOCUMENTS

- U.S. Passport or U.S. Passport Card

#### LIST B DOCUMENTS

- Driver's License Issued by State or Possession with Photo
- ID Card Issued by State or Possession with Photo
- ID Card Issued by Federal, State, Possession or Local Government with Photo
- School ID Card with Photo
- Voter's Registration Card
- Voter's Registration Card with Photo
- U.S. Military Card
- U.S. Military Draft Record
- Military Dependent's ID Card
- U.S. Coast Guard Merchant Manner Card
- Native American Tribal Document
- Native American Tribal Document with Photo
- Canadian Driver's license

#### LIST C DOCUMENTS

- Social Security Account Number Card Without Employment Restriction
- Original Birth Certificate or Certified Copy with Official Seal
- Form FS-545 - Certification of Birth Abroad from Dept. of State
- Form DS-1350 - Certification of Report of Birth from Dept. of State
- Form FS-240 - Consular Report of Birth Abroad from Dept. of State
- Native American Tribal Document
- Form I-197 - U.S. Citizen ID Card
- Form I-179 - ID Card for Use of Resident Citizen in the U.S.
- Employment authorization document issued by DHS (US Citizen or Non-Citizen)



## 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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>