

Instructions for Completing I-9 Section 2 with an Authorized Representative



Hello and welcome to the Integrity Staffing Team!

Below are instructions to assist you and your selected Authorized Representative in completing Section 2 of your I-9 Form. Please reach out to us if you have any questions or issues.

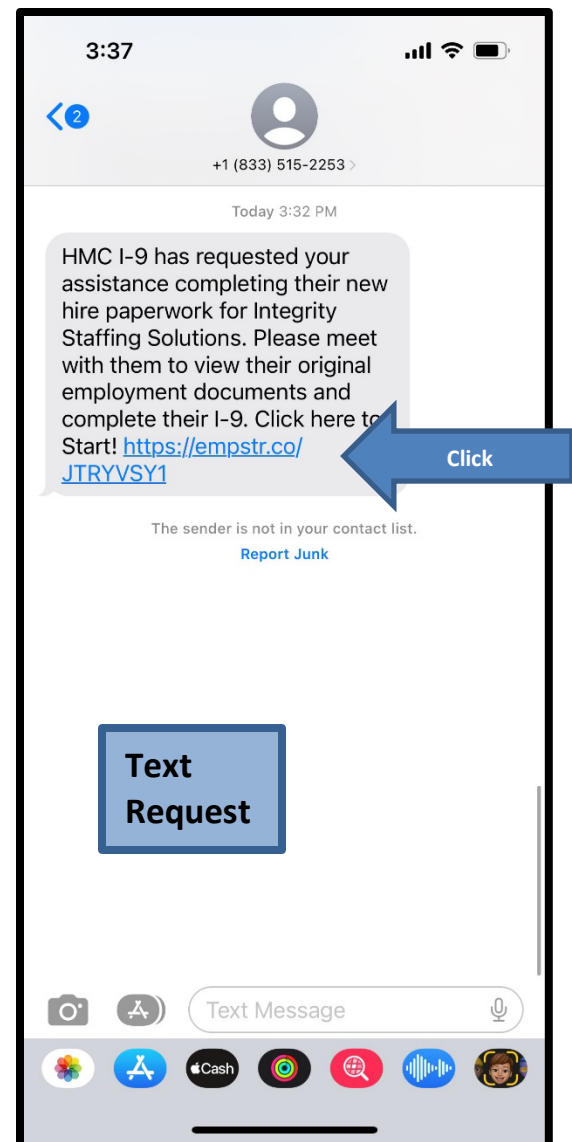
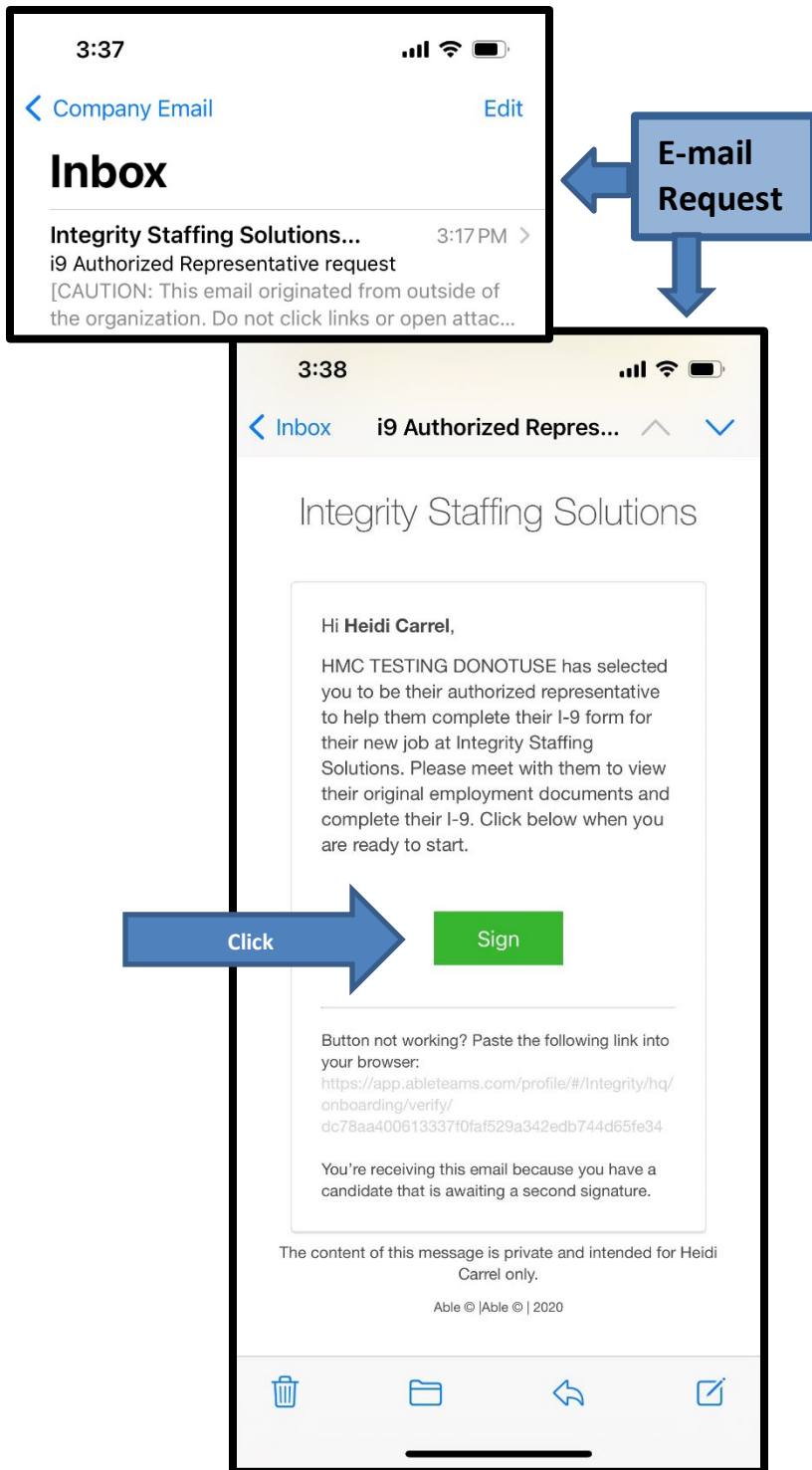
Things to Know Before You Start

1. You are not to complete Section 2 yourself. Your documents must be reviewed and entered by another individual. If you do not have another person to complete Section 2 for you, please contact us and we will assist you in completing it.
2. You will want to prepare your identification documents before starting the process with your Authorized Representative.
 - a. A list of the documents that you can use to confirm identity and work authorization can be found here- <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents>
 - b. You will either need 1 document from List A **OR** 1 List B and 1 List C document. If you do NOT have a List A document, **you will need a List B AND a List C document.**
3. We suggest completing Section 2 on a cell phone. As you may need to upload photos of your documents utilizing a cell phone will give you direct access to a camera. The form can be completed with a laptop or PC, but you may need to upload photos using your device.
4. If you sent the request to your Authorized Representative via email it will be from Integrity Staffing Solutions OR Alerts@ableteams.com with the subject "i9 Authorized Representative Request". If they cannot locate the email, please have them check their Spam/Junk folder.
 - a. After opening the email simply click the "Sign" button to begin the process.
5. If you sent the request to your Authorized Representative via text message, they can simply click the link in the text message to begin the process.
6. Work the form from the top down. Your Authorized Representative will need to complete all the Red * fields and ensure the information is correct.
 - a. Please note that you are required to enter a document number for all documents supplied. Do not select N/A for the document number.
 - b. Please be sure to use the correct expiration date or indicate where there is no expiration date using the small check box.
 - c. You **ONLY** need to upload a photo image of your identification when it has a Red *. Otherwise, no uploads are required.
7. Your Authorized Representative will need to enter their name before signing off on the forms. Please be sure that they click to sign in each space provided.
8. The forms will be completed when you get the "Thanks for Submitting Your Document" message.

We have provided detailed instructions on the following pages. Should you have any questions about this process please feel free to reach out to us or visit an Integrity Staffing branch near you.

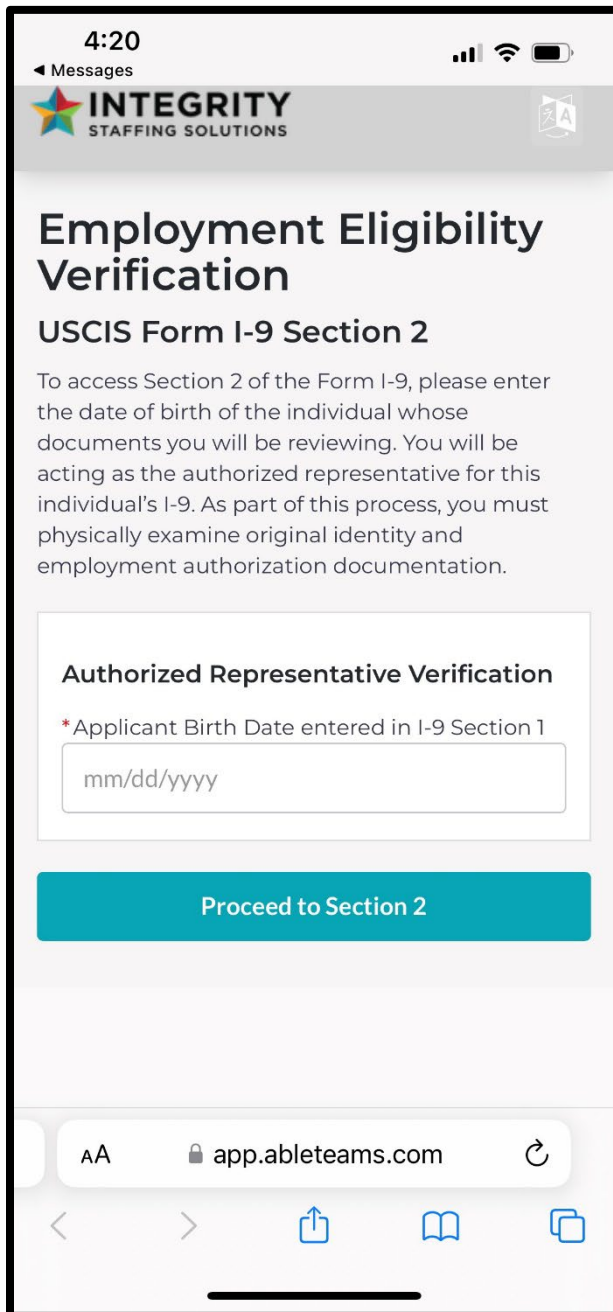
Thank you!

1. The first thing your Authorized Representative will need to do is locate the request that you sent them via email or text.

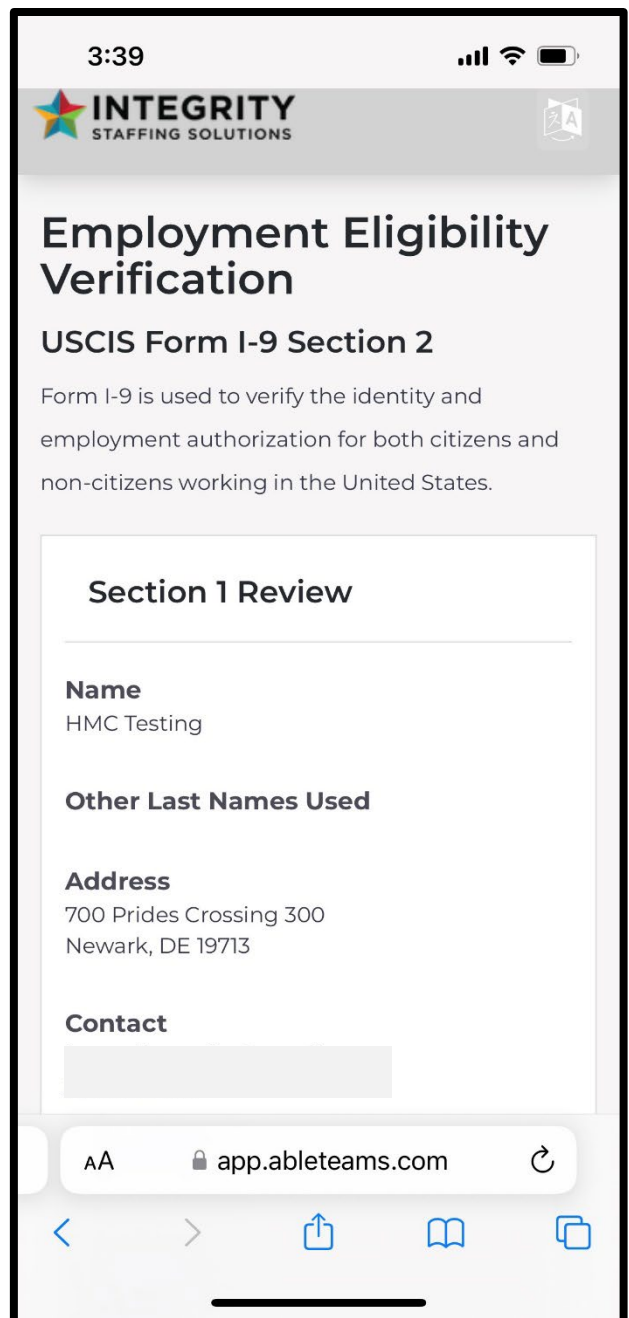


2. Tap (or Click) Sign or the link to begin.

3. If the request was sent via text message, your Authorized Representative will be asked to verify your birthday before proceeding.



This will take your Authorized Representative into the portal where they will be completing Section 2 of your I-9.



4. Your Authorized Representative should confirm the information that you entered in Section 1 is correct. Have them review your Name, Address, Contact Information, Date of Birth, and Attestation.

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Form I-9 is used to verify the identity and employment authorization for both citizens and non-citizens working in the United States.

Section 1 Review

Name
HMC DONOTUSE

Other Last Names Used

Address
700 Prides Crossing 300
Newark, DE 19713

Contact
heidicarrel+8@gmail.com
9998887777

01/01/2000

Attestation
CITIZEN

Document Verification

Employers or their authorized representative

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If ALL information entered in Section 1 is accurate, you are safe to have your Authorized Representative proceed with completing Section 2 for you.

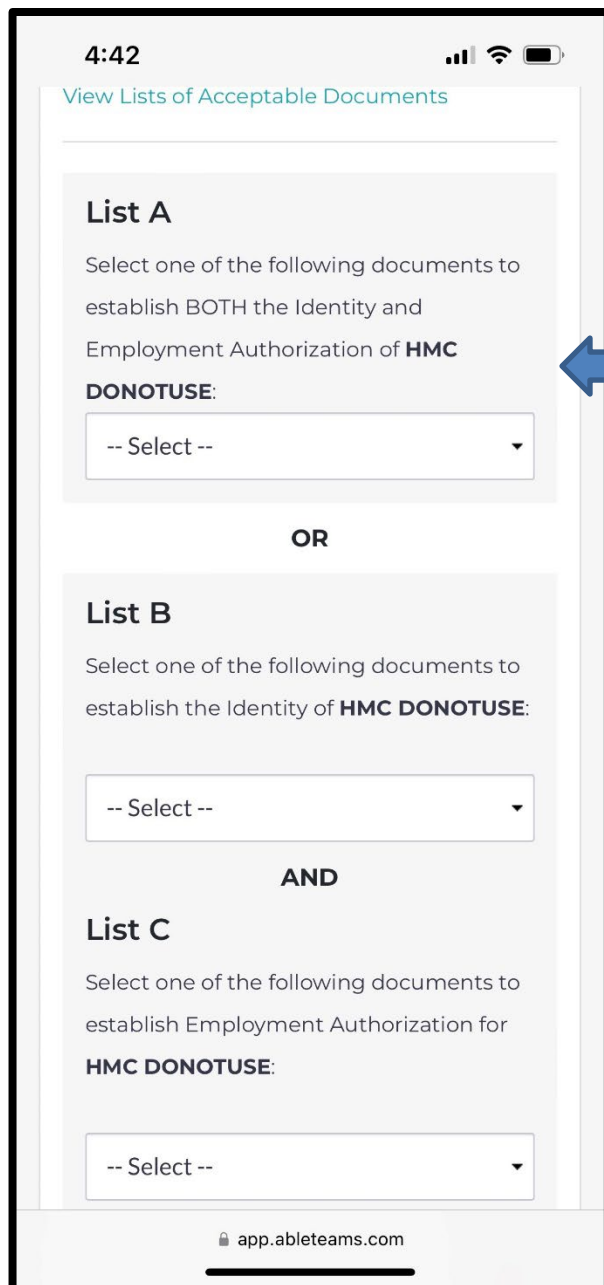
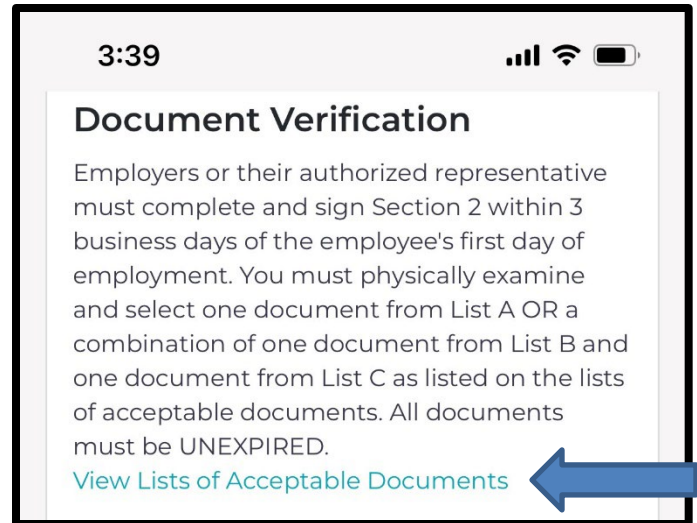
If ANY of this information is incorrect, please contact your recruiter or local branch before proceeding. We will need this information to be accurate BEFORE Section 2 is completed.

5. Your Authorized Representative will need to tell the system what documents you are using to confirm your identity and your work authorization.

Remember you will need 1 List A Document OR a document from BOTH List B and List C.

A list of the documents that you can use to confirm identity and work authorization can be found here- <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents>

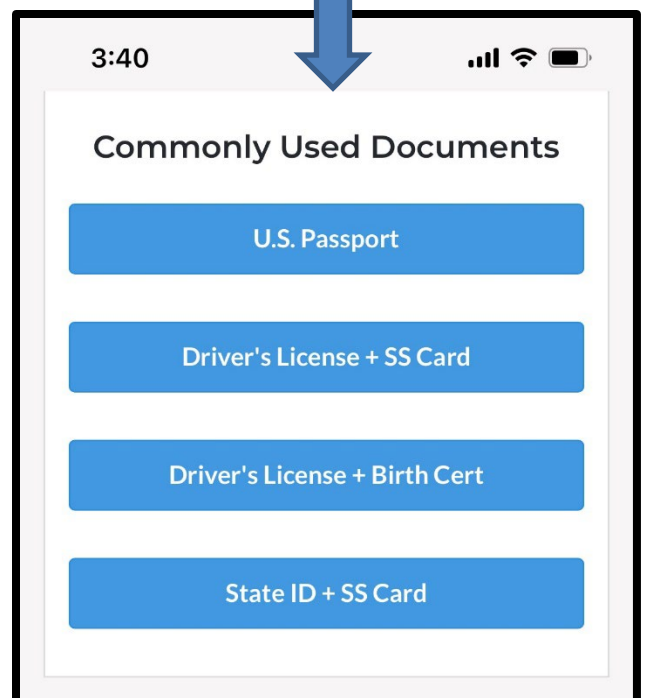
This link is also available in Section 2 of the form, if needed.



Your Authorized Representative can use the drop-down menus to select the documents that you have provided or if you are using any of the common types of document combinations, they can simply select the document combination you are using.

Drop Down Menus

Common Doc Buttons



6. Selecting your document types will populate the page to allow you to enter your document information. For each document your Authorized Representative will need to enter the document numbers and any associated expirations dates. They need to be certain that they double check they enter all information accurately.

List A Document Fields Example

3:40

List A - Identity and Employment Authorization belonging to HMC Testing

* Document Title:
U.S. Passport

* Issuing Authority:
U.S. Department of State

* Document Number:

* Expiration Date:

Document Capture

Please capture images of documents belonging to the employee you are verifying. Do not upload photos of your own documents, just the employee being verified. Use the examples below as a guide for how to properly capture front and back photos of the


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List B Document Fields Example

3:41

List B - Identity belonging to HMC Testing

Example Documents



* Document Title:
Drivers license issued by state or territory

* Issuing Authority:

* Document Number:

* Expiration Date:


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List C Document Fields Example

3:41

List C - Employment Authorization belonging to HMC Testing

Example Documents



* Document Title:
(Unrestricted) Social Security Card

* Issuing Authority:
Social Security Administration

* Document Number:

* Expiration Date:

Not Applicable

Front

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Note – These are examples. The required fields will change based on the document type you select to use.

7. If you are utilizing a List A document, your Authorized Representative **MUST** upload photos of your document. You will be able to see examples of the pages they will need to photograph. They can simply use the camera on their phone to capture the needed images.

8. The next section your Authorized Representative will see will be Confirm Employee Information. Today's Date will be auto populated as the First Date of Employment. They should **NOT** change this date. Do not add anything into the Additional Information field.

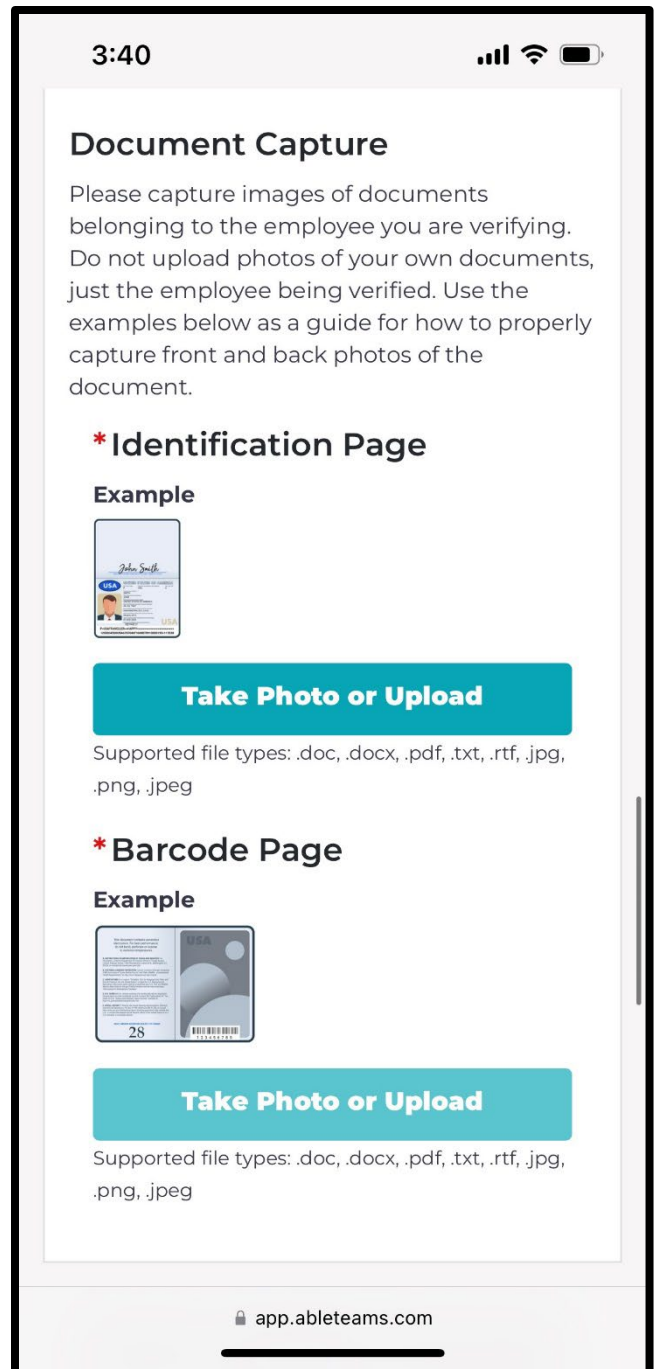
Confirm Employee Information

*** HMC Testing's First Date of Employment:**

 05/07/2023

Additional Information:

Any additional information

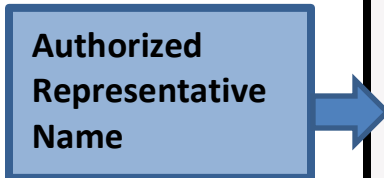


**Do Not Change
These Fields**

9. Once your Authorized Representative has entered all information from your documents, they will be asked to enter in their first and last name and then submit the information so that the form they need to sign can be created.

They should double check that they entered all information correctly before they submit the information.

Authorized Representative Name



3:41 📶 🔋

Employer or Authorized Representative

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 relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

Please enter your own personal information (NOT of the employee you are verifying) in the 3 fields below.

***Your Occupation/Job Title**

***Your First Name**

***Your Last Name**

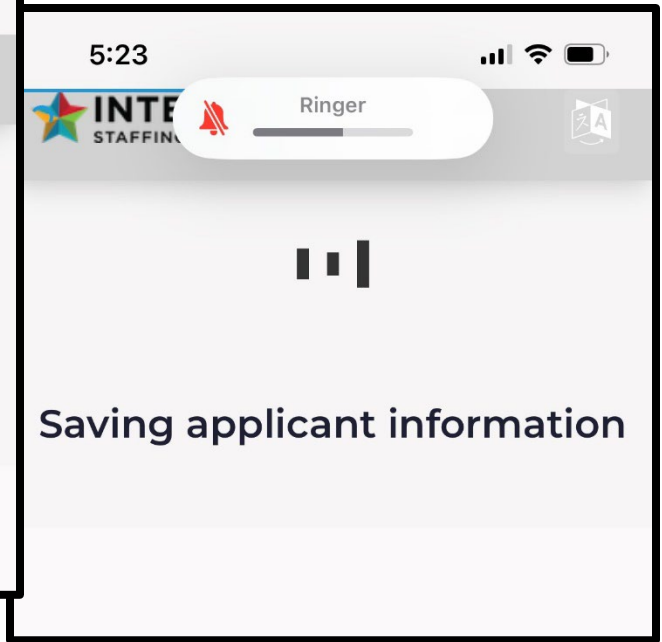
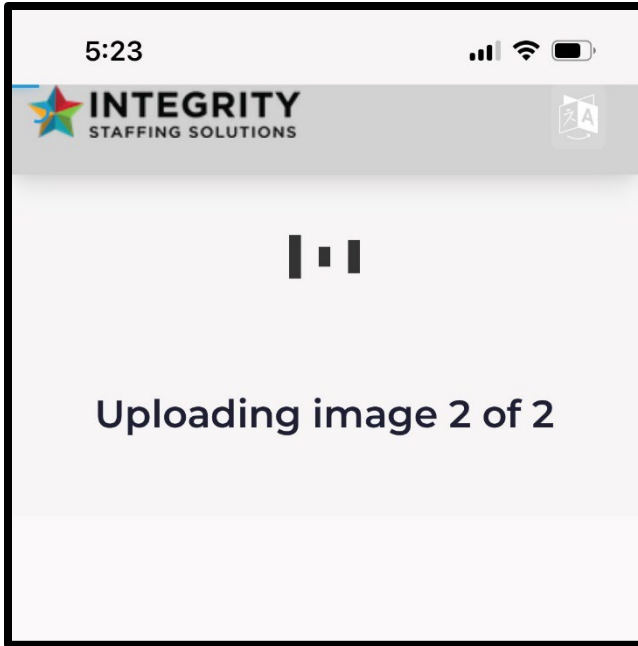
Submit

🔒 app.ableteams.com

DON'T CLOSE THE PAGE YET!

A prepopulated document will be loaded so that your Authorized Representative can electronically sign it.

You may see these screens while the populated document is loading.



10. When the populated form opens the Authorized Representative will tap (or click) on Get Started.

A mobile app interface showing the top status bar with the time 5:23, signal strength, Wi-Fi, and battery icons. Below the status bar is the 'able.' logo and a blue 'Get Started' button. The main content area displays the USCIS Form I-9, 'Employment Eligibility Verification' from the Department of Homeland Security, U.S. Citizenship and Immigration Services. The form includes sections for 'Section 2. Employer or Authorized Representative Review and Verification' and 'Section 3. Reverification and Rehires'. A blue arrow points to the 'Get Started' button.

List A		List B		List C	
Identify and Employment Authorization		Identify		Employment Authorization	
Document Title	U.S. Passport	Document Title		Document Title	
Issuing Authority	U.S. Department of State	Issuing Authority		Issuing Authority	
Document Number	988542246	Document Number		Document Number	
Expiration Date (if any) (mm/dd/yyyy)	06/18/2026	Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)	


A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

11. Then the Authorized Representative should tap (or click) on the blue box that says Click to sign.

5:24

REQ* FIELD LEFT 1

Next Req*>

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. 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 "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) DONOTUSE	First Name (Given Name) HMC	M.I. T	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title U.S. Passport		Document Title		Document Title
Issuing Authority U.S. Department of State		Issuing Authority		Issuing Authority
Document Number 988542246		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy) 06/18/2026		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		OR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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): 05/07/2023 (See instructions for exemptions)

Signature of Employer or Authorized Representative Click to sign *	Today's Date (mm/dd/yyyy) 05 / 07 / 2023	Title of Employer or Authorized Representative Authorized Representative	
Last Name of Employer or Authorized Representative Carrel	First Name of Employer or Authorized Representative Heidi	Employer's Business or Organization Name Integrity Staffing	
Employer's Business or Organization Address (Street Number and Name) 700 Prides Crossing, Suite 300	City or Town Newark	State DE	ZIP Code 19713

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)	B. Date of Rehire (if applicable)
Last Name (Family Name)	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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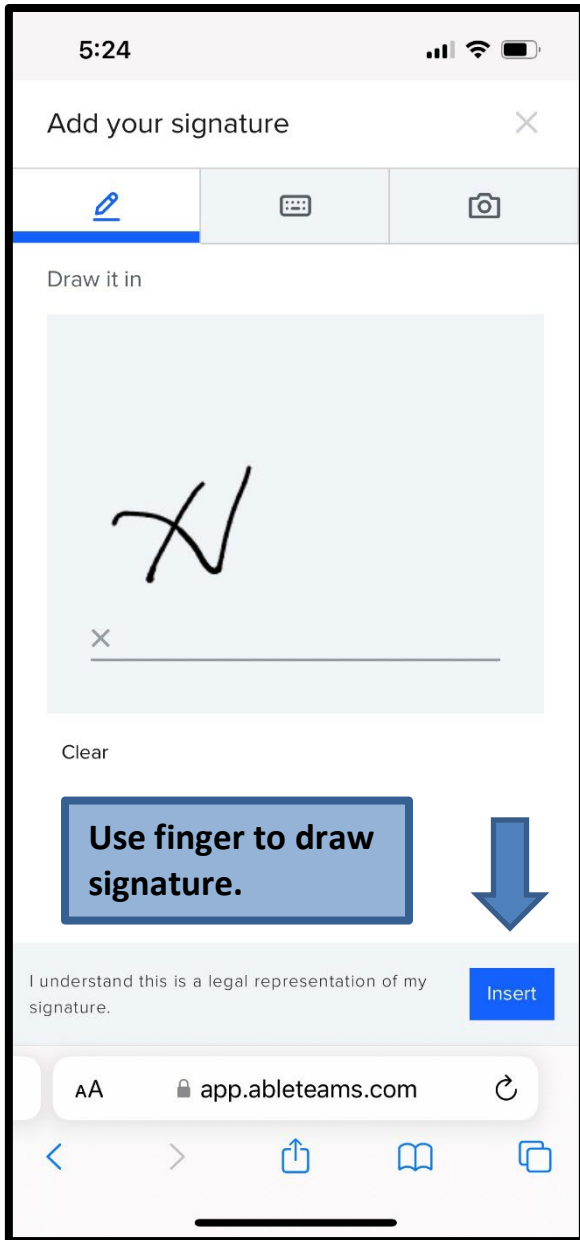
I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.
The employee's first day of employment (mm/dd/yyyy): 05/07/2023 (See instructions for exemptions)

Signature of Employer or Authorized Representative Click to sign *	Today's Date (mm/dd/yyyy) 05 / 07 / 2023	Title of Employer or Authorized Representative Authorized Representative	
Last Name of Employer or Authorized Representative Carrel	First Name of Employer or Authorized Representative Heidi	Employer's Business or Organization Name Integrity Staffing	
Employer's Business or Organization Address (Street Number and Name) 700 Prides Crossing, Suite 300	City or Town Newark	State DE	ZIP Code 19713

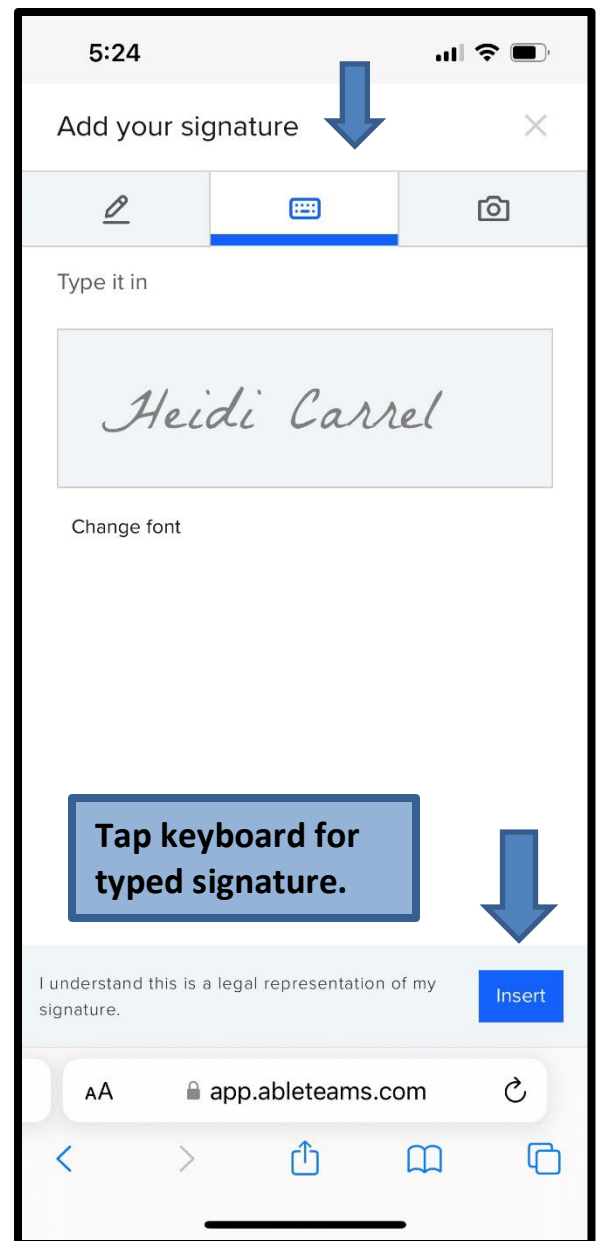
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

ZOOMED IN VIEW

12. The Authorized Representative can either draw in their signature using their finger or they can click on the keyboard icon and a typed signature will be presented. When they have a signature they like, they should tap (or click) Insert.



OR



13. Once the Authorized Representative clicks Insert their signature will appear in the populated document. From here the Authorized Rep should click Continue.

5:24

Continue

Required fields are done. Tap 'Continue'.

Document Number

Expiration Date (if any) (mm/dd/yyyy)

Document Title

Issuing Authority

Document Number

Expiration Date (if any) (mm/dd/yyyy)

Certification: I attest, under penalty of perjury, that (1) I have examined (2) the above-listed document(s) appear to be genuine and to relate to the employee and (3) the employee is authorized to work in the United States.

The employee's document (mm/dd/yyyy): 05/

Signature of Employer or Authorized Representative: Heidi Carrel

Last Name of Employer or Authorized Representative: Carrel

First Name of Employer: Heidi

Employer's Business or Organization Address (Street Number and Name): 700 Prides Crossing, Suite 300

Section 3. Reverification and Rehires (To be completed as applicable)

A. New Name (if applicable)

Last Name (Family Name)

First Name (Given Name)

C. If the employee's previous grant of employment authorization has expired, continuing employment authorization in the space provided below.

Document Title

14. Then the Authorized Representative will be asked to confirm their agreement that they are providing a legally binding signature.

5:25

Almost done.

Almost done. By clicking 'I Agree' you are legally signing this document and agreeing to the eSignature [Terms of Service](#).

< back I agree

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

Section 2. Employer or Authorized Representative Review and Verification

Employee Info from Section 1

Last Name (Family Name)	First Name (Given Name)	M.I.	Citiz	Employment Status
DONOTUSE	HMC	T	1	

List A OR List B AND Employment Authorization

Document Title	Document Title	Document Title
U.S. Passport		
Issuing Authority	Issuing Authority	Issuing Authority
U.S. Department of State		
Document Number	Document Number	Document Number
988542246		
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
06/19/2026		
Document Title	Additional Information	
Issuing Authority	USCIS Form I-9	
Document Number	Do Not Write in This Space	

15. When your Authorized Representative sees these screens, it means that they have successfully completed Section 2 of your Form I-9.

