1. Task View (see below). You read the instructions and then press complete and next task.

2. This will automatically issue an email from accuratebackground.com, titled Form I-9 Request for Completion for (Your Name). This email sometimes lands in your junk or spam mailbox. If you do not receive it within 24 hours of hitting the complete button, please reach out to your Talent Acquisition Specialist and they will be able to send you a new link.
3. This email will provide with the website (https://secure.i9advantage.com/section1/email/confirm_pin.aspx?id=2042831) and your PIN number. Enter this information into the form (see below).

**Confirm Employee Last Name and PIN**

To begin completion of Section 1 of the Form I-9, enter your last name and the PIN provided to you below and click the Next button to proceed to the next step.

*Employee Last Name:* Thompson

*PIN:* **********

Submit

4. Enter all required information

*Fields are required fields.

- **Social Security Number:**  

- **Re-Enter SSN:**  

- **First Name:**  

- **Last Name:**  

- **Middle Initial:** (If not applicable, enter N/A)

- **Other Last Names Used:** (Enter in only other legal last names, or enter ‘N/A’)

- **Address:**  

- **Apt. #:** (If not applicable, enter N/A)

- **City:**  

- **State:** -- Select a State --

- **Zip Code:**  

- **Date of Birth:** (MM/DD/YYYY)  

- **Employee’s Personal Email Address:** (If not applicable, enter N/A)

- **Employee’s Telephone Number:** (If not applicable, enter N/A)

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with completion of this form. I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States
- A lawful permanent resident
- An alien authorized to work

Next
5. Confirm your information is 100% accurate.

Form I-9 - Section 1: Step 2

Please review the below information for accuracy:

- SSN: **...** [Show SSN]
- First Name: 
- Middle Initial: N/A
- Last Name: 
- Other Last Names Used: N/A
- Address:
- Apt #: N/A
- City: Coon Rapids
- State: Minnesota
- Zip Code: 55449
- Date of Birth: 01/02/1990
- Employee’s Email Address: N/A
- Employee’s Phone Number: N/A
- A citizen of the United States

Once you have confirmed the accuracy of the above information, read the below statement and click either "Yes - Continue" to agree or "No - Cancel" to disagree. You may also print this page as a confirmation of your attestation.

6. Signature is then required. Then select Yes - continue

I (employee) 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 understand that clicking the button below and selecting "Yes – Continue" will represent my signature acknowledging that I understand the statement above and that I confirm the accuracy of the information I have provided as indicated above.

If I do not wish to consent to this electronic transaction, or if the information entered above is not correct, I understand that "No – Cancel" will cancel this process and not save any of this information.

I understand that the Form I-9 contains a disclosure and a consent which are usually provided in written form. I understand that I have the right to receive such disclosures and give my consent or authorization on paper instead of electronically.

I understand that any consent given here applies only to the electronic transactions related to this Form I-9, and that I can access the electronic records by contacting the employer. I further understand that I may request a paper copy of any consent or authorization I give electronically. I may receive such paper copies at no cost within the next 60 days by contacting the employer.

To sign within the signature box, left click on your mouse and sign using the mouse. Click "Clear" if an error is made.

[Signature box]

[Yes - Continue]  [No - Cancel]  [Go Back]

October 3, 2019