

I-9 Remote

Please use the following instructions to complete your Form I-9. You will access your Form I-9 from your Workday inbox. If you are having issues accessing Workday from home, please reach out to the HR Service Center at 1-877-750-HR4U (4748).

1. Open your Form I-9 inbox assignment in Workday. To complete your Form I-9, click on the **Equifax I-9 Remote User Link**. **If you press the wrong link, please use the following hyperlink to access the Remote Verification Website: [Equifax I-9 Remote Appointment](#)

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 [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. You will need 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 needed to visit an external 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 click on the link 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. Please select **Loyola University Health System, MacNeal or Gottlieb**, depending on where you will be working, as your location. **Do not select Trinity Health.**

**Refer to your Offer Letter, and choose the location option that best matches. This will allow us to retrieve your I-9.

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*

Loyola University Health System

Lourdes Health System

Loyola University Health System

Loyola University, Chicago

MacNeal Hospital

Mary Free Bed Sub Acute Rehab

Mary's Meadows, MA

Marycrest Heights

Marycrest Manor

McAuley Commons

McGivney-Bethune

MedNow Inc., Nampa, ID

Mercy Adult Day Health of Westfield

Mercy Chicago

Mercy Circle, Chicago, IL

Mercy Community Health - McAuley Center, CT

Mercy Community Health, W. Hartford, CT

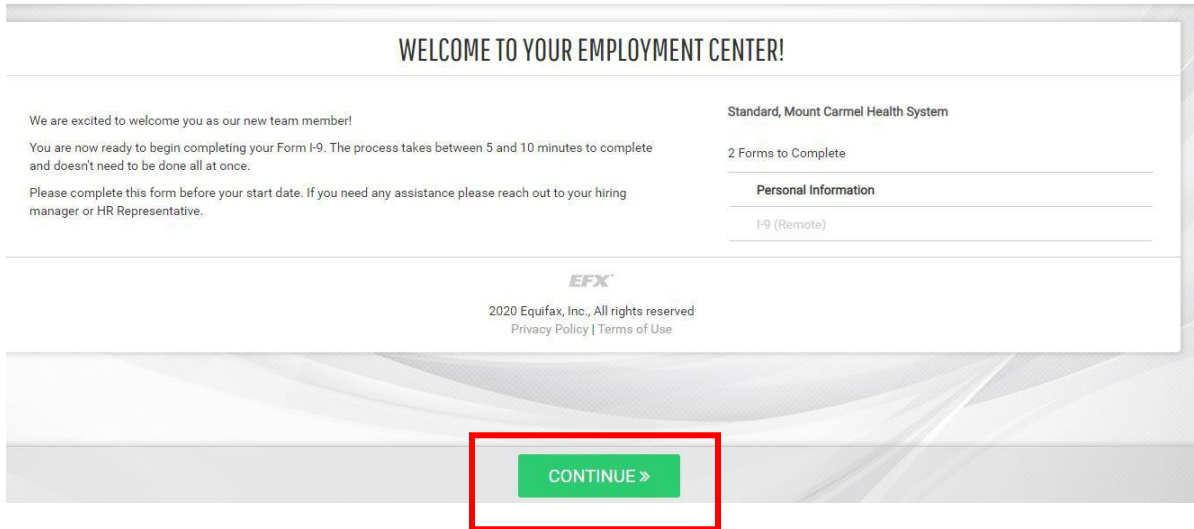
Mercy Fitzgerald Hospital

Mercy Health - Lakeshore, Muskegon, MI

Mercy Health Partners, Muskegon, MI

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



4. Under **Personal Information** you will fill out all the fields below 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

Jane N Doe

Email Address* Telephone* Date of Birth*

Jane.Doe@mchs.com (614) 546-4149 01-01-1990

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

6150 East Broad Street

Zip code* City* State*

43213 Columbus OH

County*

Franklin

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

PERSONAL INFORMATION
Standard, Mount Carmel Health System

EMPLOYMENT CENTER

Personal Information

I-9 (Remote)

Summary

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 »

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7. Next, you will 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)

Summary

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

► **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](#)

► [View Employee Information](#)

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 will 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

EMPLOYMENT CENTER

Personal Information

I-9 (Remote)

Summary

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 »

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9. Review the information under **Employee Review**. *Double check your **Date of Birth, Social Security Number and 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

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 will 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)

English | Spanish

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.

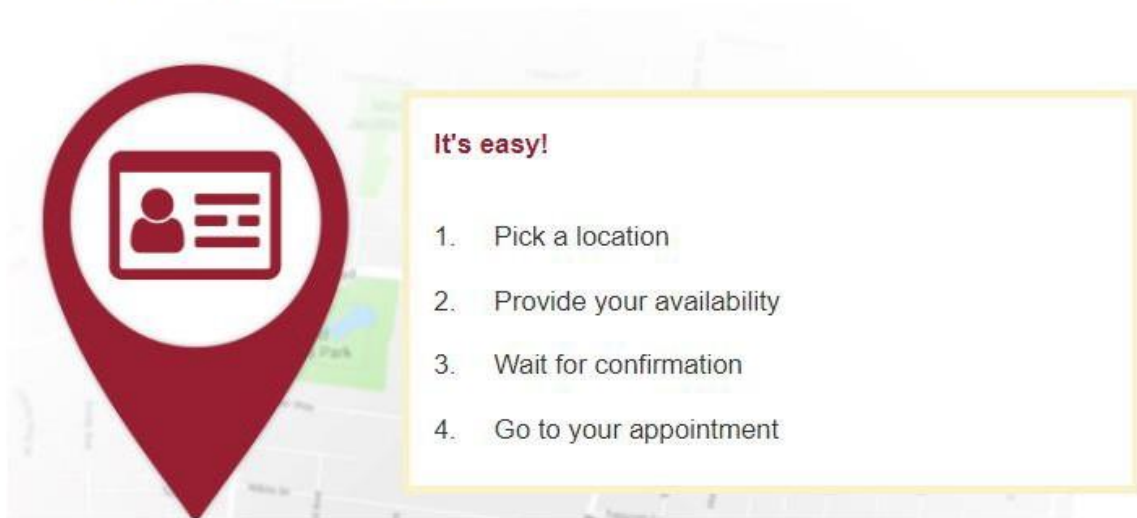
Here's how the process works:

It's easy!

1. Pick a location

[« BACK](#) [CONTINUE »](#)

Here's how the process works:



It's easy!

1. Pick a location
2. Provide your availability
3. Wait for confirmation
4. Go to your appointment

11. 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).

I-9 (REMOTE) Summary

Jane N Doe, Standard, Mount Carmel Health System

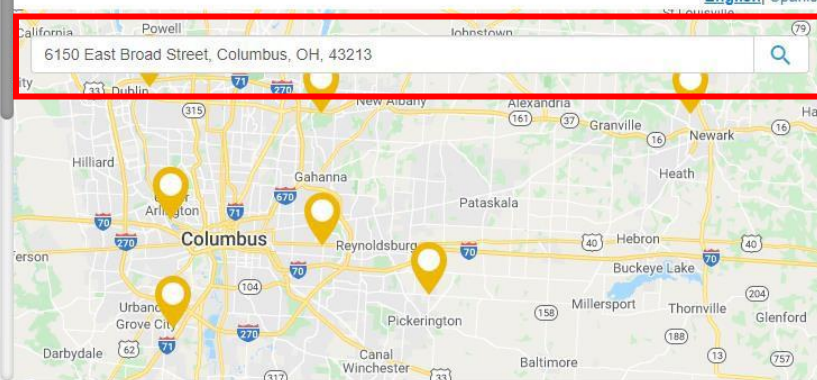
Fieldprint Site - ReachCare Pharmacy
4513 East Main Street, (corner of Main Street & Hamilton Road), Columbus OH 43213-

Fieldprint Site - Ohio Pre-Employment Services
8535 Refugee Road, Cherington Center, next to Grapevine Pizza, Pickerington OH 43147-

Fieldprint Site - Columbus

English | Spanish

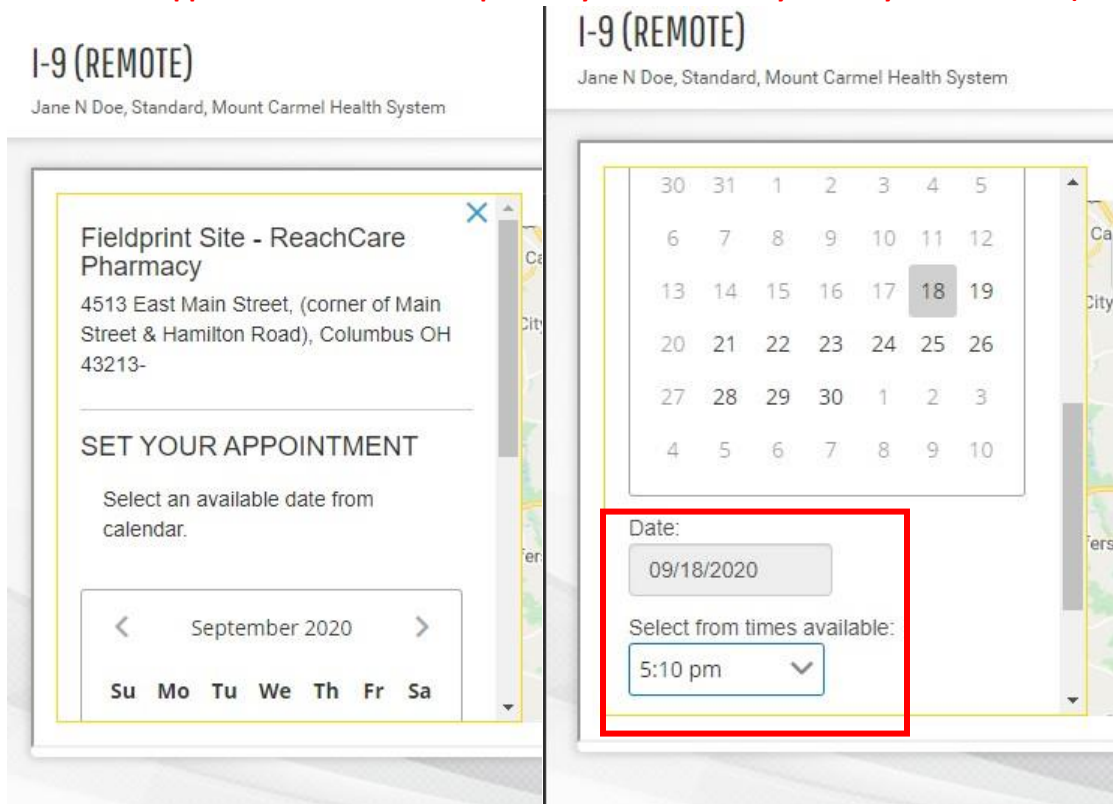
6150 East Broad Street, Columbus, OH, 43213



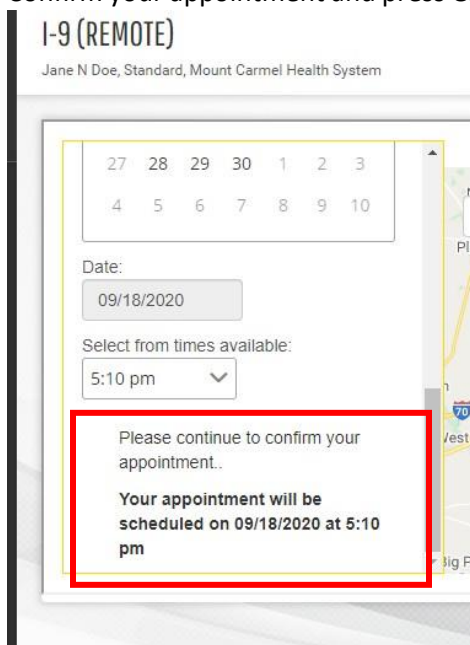
« BACK CONTINUE »

12. 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 will 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 will see your selections at the bottom (shown below).

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



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



14. Next, you will see your confirmation page. Your appointment information will also be emailed to you. Feel free to print this page. **Review the acceptable documents **BEFORE** you go to your appointment. You will need to take your acceptable documents with you to your appointment. ** Press **Continue** after reviewing this information.

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

NEXT STEPS

Print this page

[English](#) | [Spanish](#)

You're almost done...

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

SELECTED LOCATION & TIME

<p>Fieldprint Site - ReachCare Pharmacy 4513 East Main Street, (corner of Main Street & Hamilton Road), Columbus OH 43213-</p>	<p>Time slot(s): Fri 09/18/20 05:10PM</p> <p style="text-align: center;">Add to Calendar</p>
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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.

LIST A DOCUMENTS

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

LIST B DOCUMENTS

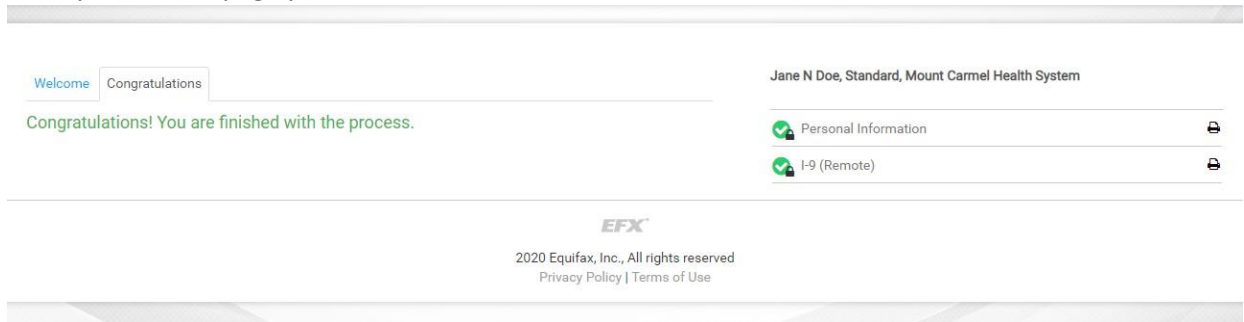
- Driver's License Issued by State or Possession with Photo
- ID Card Issued by State or Possession with Photo
- ID Card Issued by Federal, State, Possession or Local Government with Photo
- School ID Card with Photo
- Voter's Registration Card
- Voter's Registration Card with Photo
- U.S. Military Card
- U.S. Military Draft Record
- Military Dependent's ID Card
- U.S. Coast Guard Merchant Mariner 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)

« BACK CONTINUE »

15. Once you see this page you are done with section 1.



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

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

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

17. You will receive the following email regarding your appointment. *Make sure to check your spam or junk mail inbox.

Ashley Beckham

From: I-9Management@equifax.com
Sent: Friday, September 18, 2020 12:55 PM
To: Ashley Beckham
Subject: [External] I9 Section 1 Receipt

Warning: This email originated from the Internet!

DO NOT CLICK links if the sender is unknown, and **NEVER** provide your password.

EQUIFAX

[Español](#)

Congratulations Jane Doe!

18. If you need to cancel or modify your appointment, scroll down through the email and click on the link (shown below).

**You will need the appointment number (shown below) 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***

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

The screenshot shows the EQUIFAX I-9 Management interface. At the top, there is a red header with the EQUIFAX logo and the text "I-9 Management". Below the header, a white box contains the instruction: "Please answer the following questions to login to Cancel/Reschedule appointment." Below this instruction is a red bar. The form consists of four input fields, each with a label above it: "What is your Last 4 digits of SSN?" with the placeholder "xxxx"; "What is your Date Of Birth (mm/dd/yyyy)?" with the value "01/01/190"; "What is your Appointment Number?" with the value "8624304"; and "What is your 5 digit Zip code?" with the value "43213" and a clear button (x). A blue "Submit" button is located at the bottom of the form.

20. 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 (shown below). ****DO NOT CANCEL YOUR APPOINTMENT WITHOUT SCHEDULING ANOTHER.**

The screenshot shows the EQUIFAX SCHEDULE MANAGEMENT page. At the top, the heading "SCHEDULE MANAGEMENT" is displayed in bold, with the subtext "Manage your existing section 2 completion schedule." below it. On the left side, there is a dark grey sidebar with the text "I9 SECTION-2 SCHEDULING". The main content area has a white background and contains the following information: "Appointment has been successfully scheduled with appointment Number: 8624304." Below this is the heading "APPOINTMENT Details". The details are organized into two columns: "Partner: Fieldprint" and "Status: Scheduled"; "Date / Time: Sep 18, 2020, 5:10:00 PM" and "Appointment Location: Fieldprint Site - ReachCare Pharmacy, 4513 East Main Street, (corner of Main Street & Hamilton Road), Columbus OH 43213-". At the bottom of the page, there is a red-bordered box containing the text "What would you like to do?" and two blue links: "Cancel Appointment" and "Modify Appointment".

21. You will 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: workforcesolutionssupport@equifax.com
Hours: Monday-Friday, 7:00AM – 7:00PM, Central Time (excluding holidays)