



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 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 [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 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 be on 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. There are six options for Saint Alphonus. If you are unsure, please ask your Employment Specialist.

St Alphonus Health System, Boise, ID – select if working for the Health System, regardless of location

St Alphonus Med Ctr Baker Cty – select if working in Baker City, Oregon

St Alphonus Med Ctr Ontario – select if working in Ontario, Oregon

St Alphonus Med Ctr Nampa – select if working in Nampa, Idaho

St Alphonus Reg Med Ctr, Boise, ID – select if working in Boise, Idaho or SAMG

MedNow Inc., Nampa, ID – select if working in a MedNow Pharmacy

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.

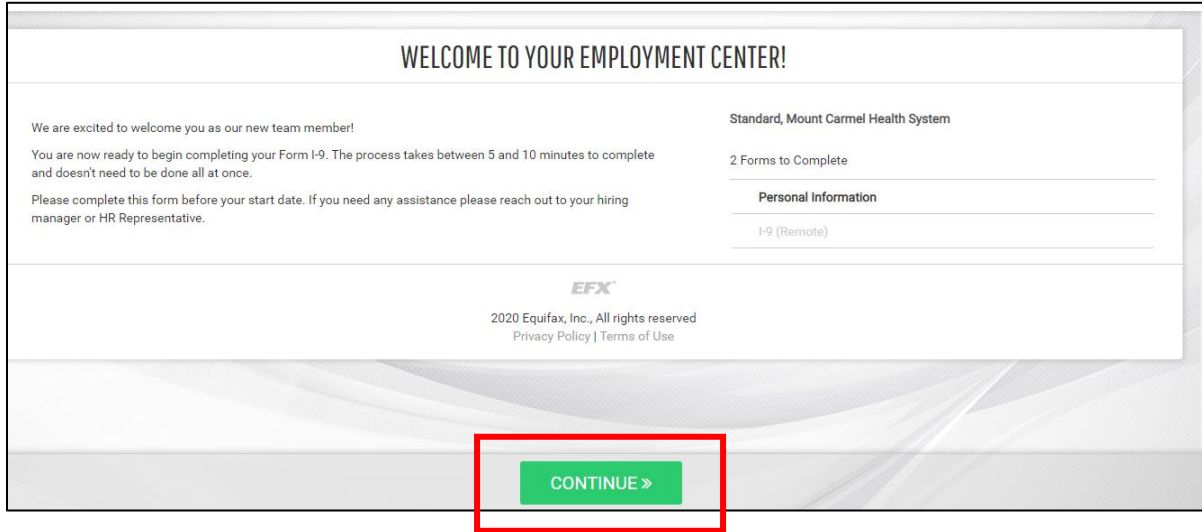
Please select the location that is listed in your offer letter. This information is only used to identify your account and it is protected by industry standard SSL encryption.

*required fields

LOCATION*

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



WELCOME TO YOUR EMPLOYMENT CENTER!

We are excited to welcome you as our new team member!

You are now ready to begin completing your Form I-9. The process takes between 5 and 10 minutes to complete and doesn't need to be done all at once.

Please complete this form before your start date. If you need any assistance please reach out to your hiring manager or HR Representative.

Standard, Mount Carmel Health System

2 Forms to Complete

Personal Information

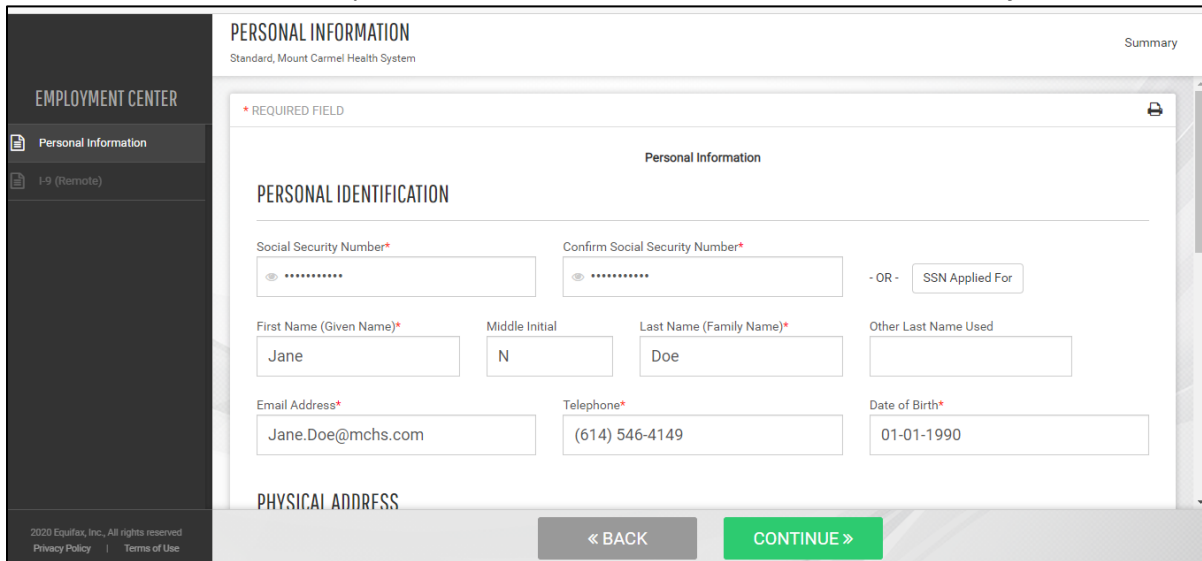
I-9 (Remote)

EFX

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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 IDENTIFICATION

Social Security Number* Confirm Social Security Number*

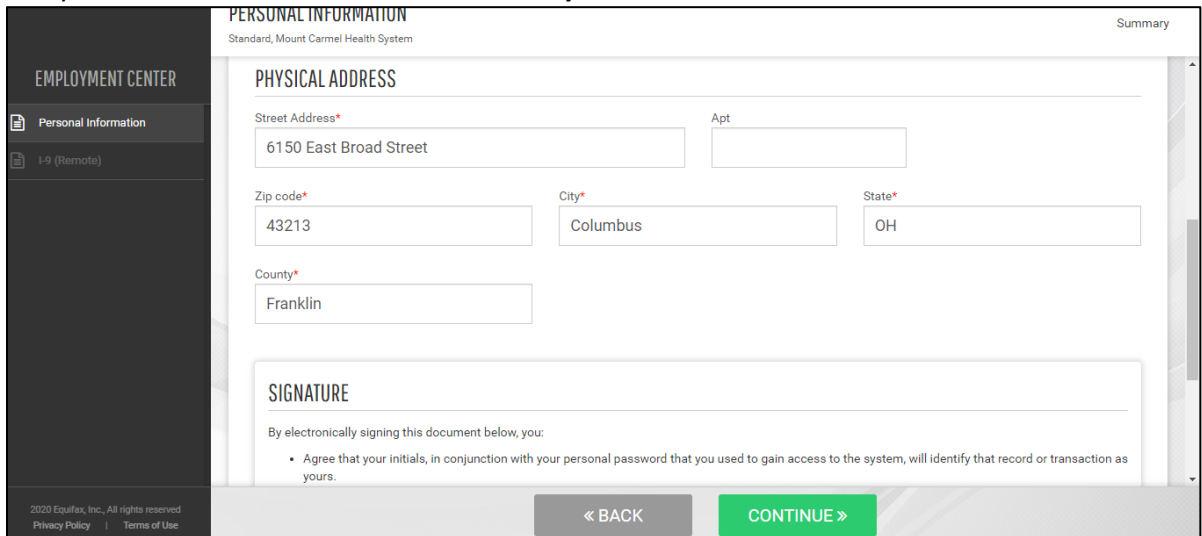
First Name (Given Name)* Middle Initial Last Name (Family Name)* Other Last Name Used

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.

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'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)

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](#)

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.

[View Employee Information](#)

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**.

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

EMPLOYMENT CENTER

Personal Information

I-9 (Remote)

Summary

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 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.

[Edit Personal Info](#)

« BACK

CONTINUE »

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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 Summary

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 Summary

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 Summary

English Spanish

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

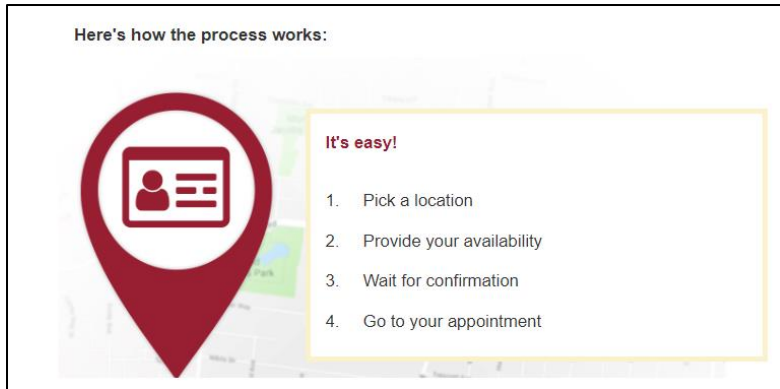
Your employer has partnered with trusted sources in the industry in order to verify your documents.

Here's how the process works:

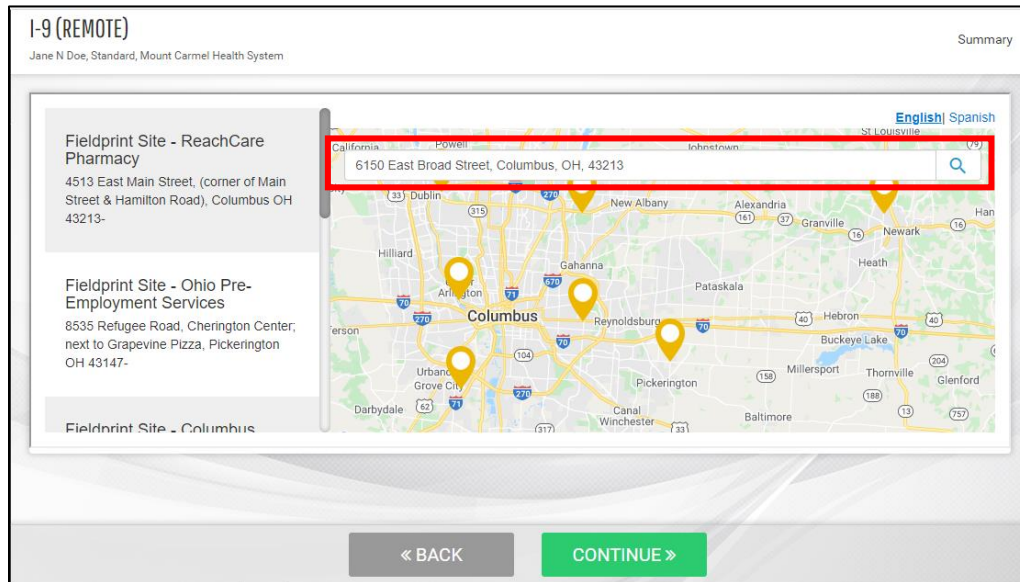
It's easy!

1. Pick a location

<< BACK CONTINUE >>

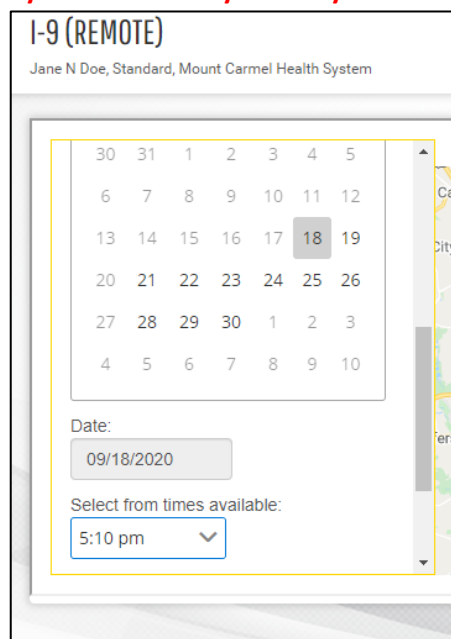
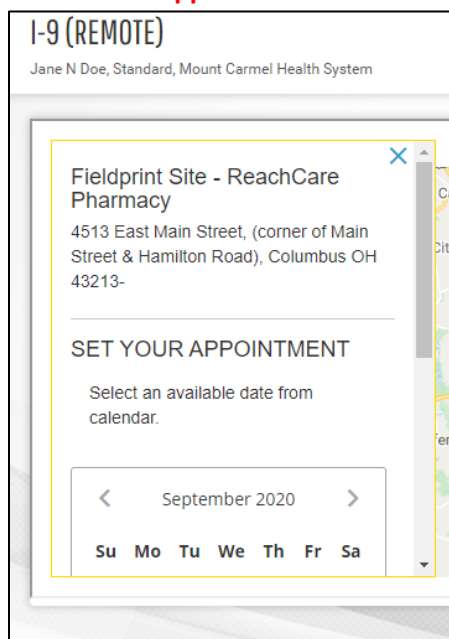


1. Nearest locations will populate based on the home address you entered on Section 1 of your I-9. If you'd like to use a different address to find an I-9 location use the search bar (pictured below).



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](#)

[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

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.

LIST A DOCUMENTS	LIST B DOCUMENTS	LIST C DOCUMENTS
<ul style="list-style-type: none"> U.S. Passport or U.S. Passport Card 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 »


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

Welcome Congratulations

Congratulations! You are finished with the process.

Jane N Doe, Standard, Mount Carmel Health System

- ✔ Personal Information 🗑️
- ✔ I-9 (Remote) 🗑️



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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.

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!

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 Last 4 digits of SSN?
xxxx

What is your Date Of Birth (mm/dd/yyyy)?
01/01/190

What is your Appointment Number?
8624304

What is your 5 digit Zip code?
43213

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.

I9 SECTION-2
SCHEDULING

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 or 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)