



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 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. Click link **"Complete Form I-9"** under Instruction Details.

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 and 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 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 also receive a notification on the day of 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. Please select "St. Joseph's Health, Syracuse, NY" from the **Location** drop-down

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.

LOCATION*

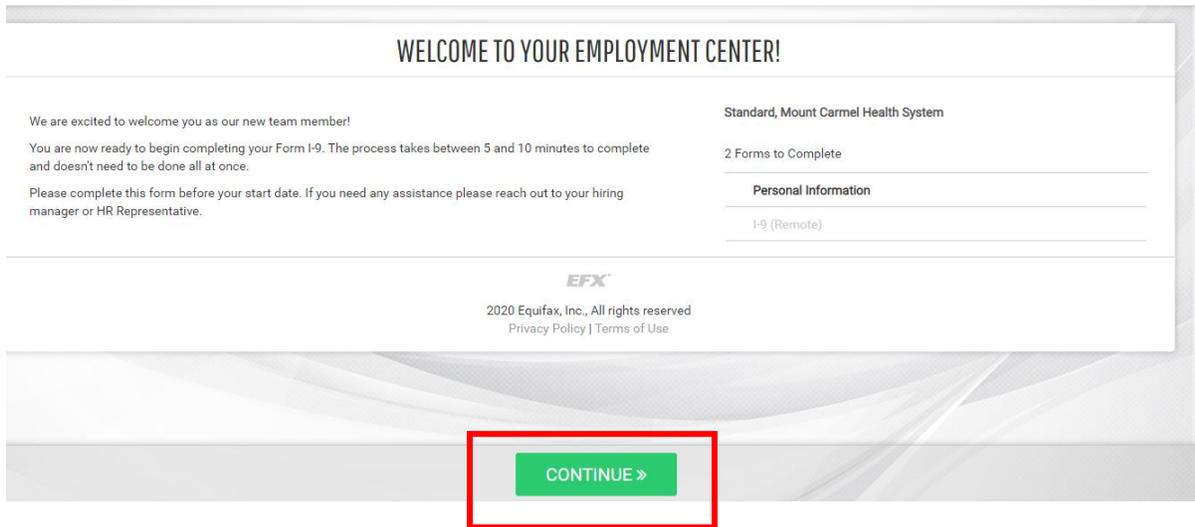
[St. Joseph's Health, Syracuse, NY](#)

[St. Mary's Hospital Waterbury](#)

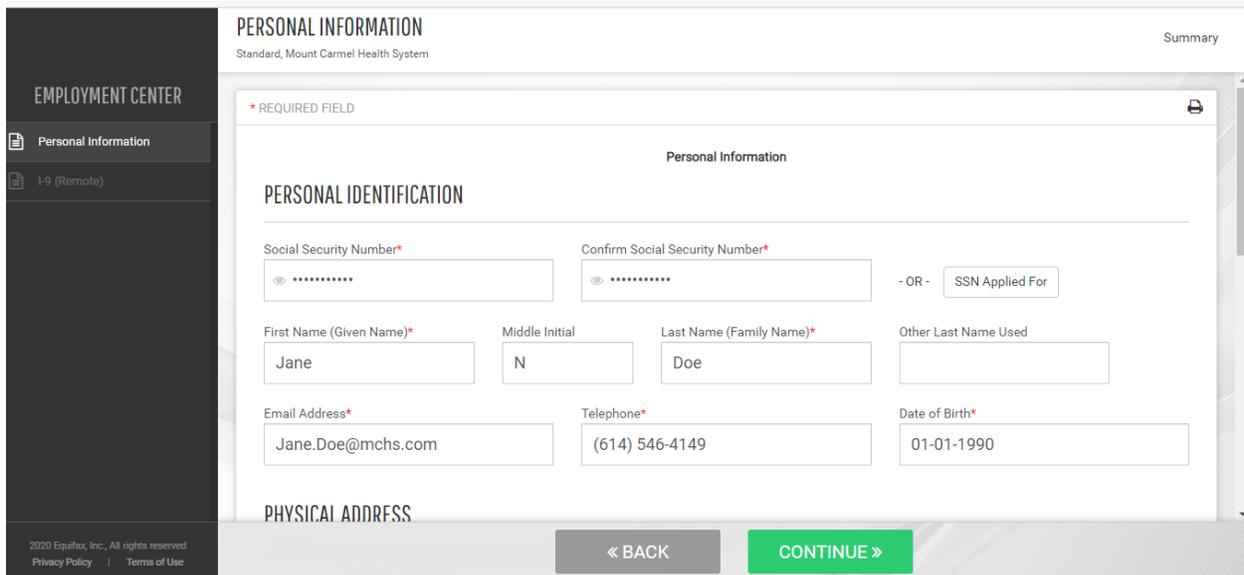
[St. Mary's SMA Health Care Sys, Athens, GA](#)

[St. Peter's Health Partners, Albany, NY](#)

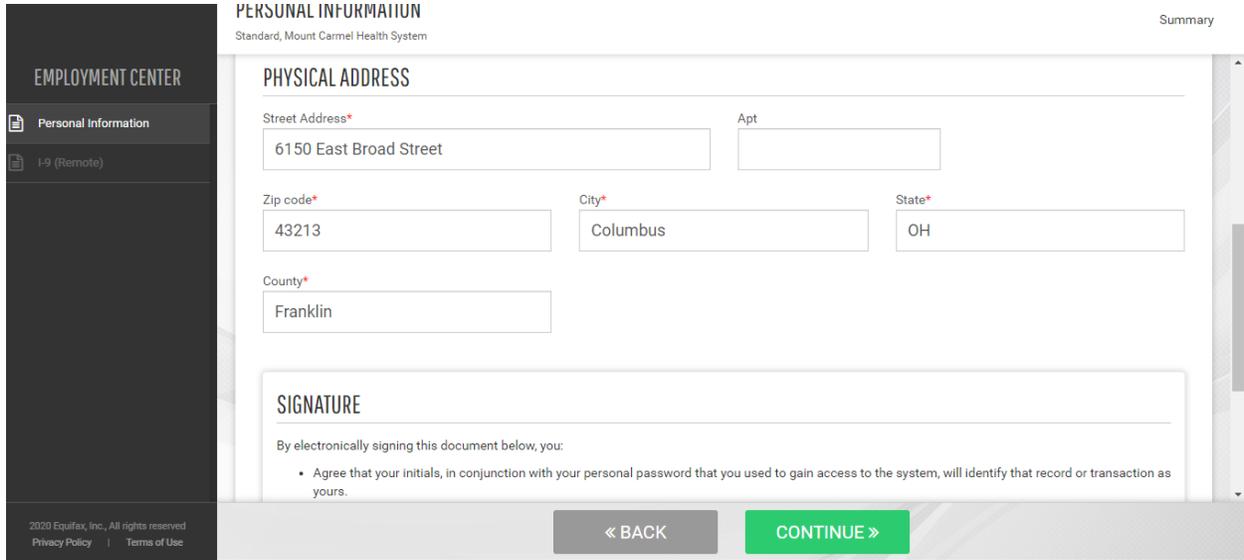
3. Next, you'll see the below instructions page. After reading through the information, press **Continue**.



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)

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

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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](#)

Employers must complete and sign Section 1 of Form I-9 **after** 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

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.

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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**.

The screenshot displays two pages of the I-9 (Remote) form. The top page is titled "EMPLOYEE REVIEW" and contains personal information for Jane N Doe, which is highlighted with a red box. The bottom page is titled "EMPLOYEE ELECTRONIC SIGNATURE" and features a checkbox for attesting to the information, with a red arrow pointing to it. At the bottom of the form, there are three buttons: "Edit Personal Info" (highlighted with a red box), "BACK", and "CONTINUE" (highlighted with a red box). The left sidebar shows the "EMPLOYMENT CENTER" with links for "Personal Information" and "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 »](#)

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