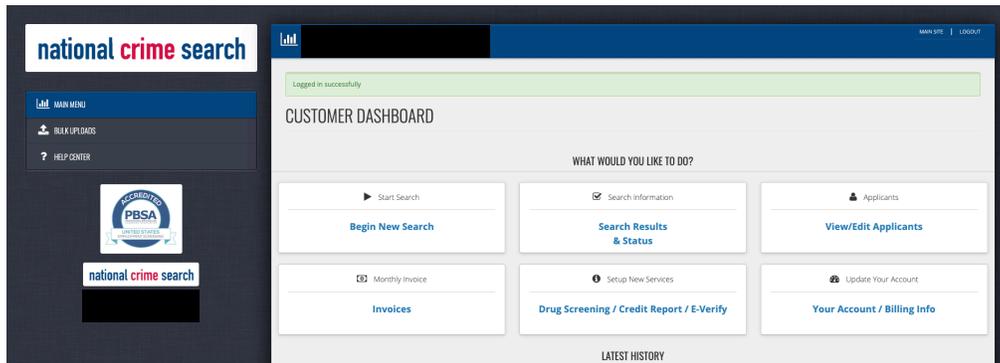


How to Request Form I-9/E-Verify on Applicant

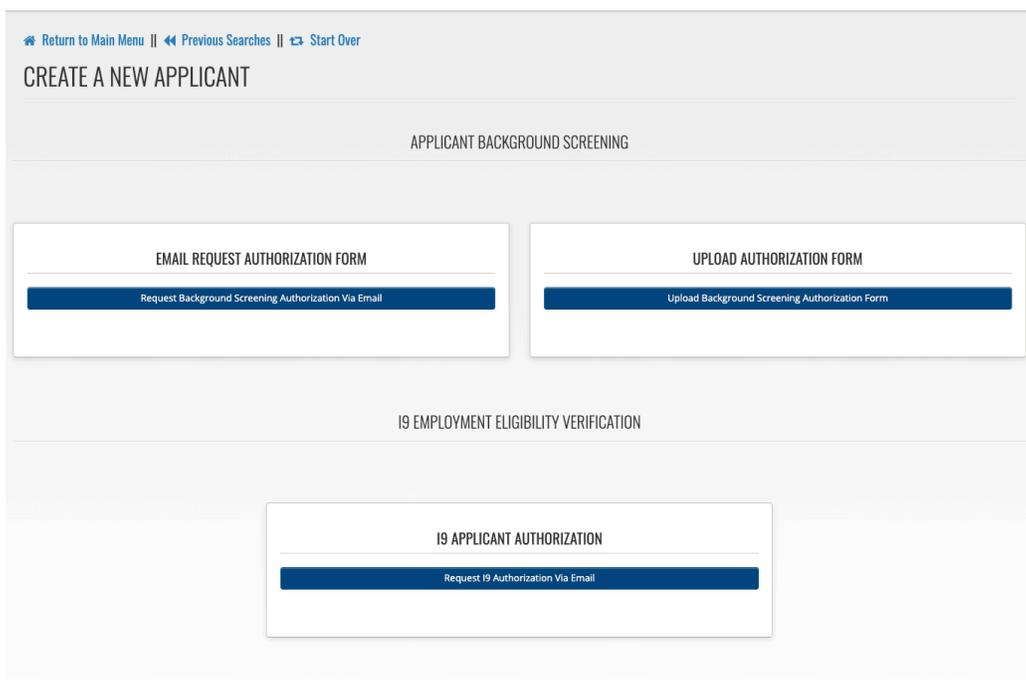
- Log in to NCS account
- Click Begin New Search



- Choose New Applicant



- Choose Request I9 Authorization Via Email



- Enter applicant's name, email address and DOB — DOB is optional
- You can choose to also include authorization form at this time by checking the 'request the applicant complete the electronic authorization form' box
- Check the Terms of Use box
- Click Continue to Send Email Request for the Applicant to Begin the I9 Process

PLEASE ENTER APPLICANT INFORMATION TO BEGIN I9 PROCESS

Applicant First Name	Applicant Last Name	Applicant Email Address	Applicant Date of Birth
<input type="text" value="Enter Applicant First Name"/>	<input type="text" value="Enter Applicant Last Name"/>	<input type="text" value="Enter Email"/>	<input type="text" value="Enter Applicant Date of Birth (mm/dd/yyyy)"/> <small style="color: red;">Not required at this point</small>

SUGGESTED REQUESTS (OPTIONAL)

Request the applicant complete the electronic Authorization Form.

Because you are creating a new applicant through the I9 Process, you won't be able to run a background screen on this applicant until we have an Authorization Form on file in our system. If you would like to request this current applicant ALSO complete our online Authorization Form, check the box above.

TERMS OF USE (REQUIRED)

Please verify that you have entered a first name, last name, and an email address. At this time, the DOB is not required, but you can enter it if you know the DOB. Then check this box to acknowledge your intention to begin an I9/E-Verify case and activate the button below to begin the process of requesting the I9 form be completed by the specified applicant.

Continue to Send Email Request for the Applicant to Begin the I9 Process

- You will be redirected to Applicant Profile where you will see the applicant status is still at start — this is because there is not an authorization form on file. Until the authorization form is added, you can only run E-Verify services and cannot initiate a background check.

MAIN SITE | LOGOUT

[Return to Main Menu](#) ||
 [Previous Searches](#) ||
 [Back to Applicant List](#) ||
 [Begin New Search](#)

EDITING APPLICANT -- [REDACTED]

APPLICANT INFO SNAPSHOT

Name
Email Address
DOB
Created On: 01/17/2020 10:45 AM

CURRENT I9/E-VERIFY STATUS

The Applicant has been sent a request to complete the I9 form, but they have not yet completed it.

Applicant Status

⏻

Start

📄

Form Requested

📄

Form Received

🔍

Form Reviewed

👤

Ready to Check

- Applicant will receive email to complete Section 1 of Form I-9

Jan 17, 10:45 AM



national crime search

Form I-9 Request

Hello Applicant's Name,

'Company Name' has requested that you complete an online I-9 Form from our background screening partner, National Crime Search. Please make sure you have all information you will need to potentially complete this form to prove you are qualified to work legally in the United States. Examples of this include documents that establish both identity and employment authorization. For lists of acceptable documents, [click here \(PDF\)](#).

You can view and complete the requested I-9 form at the following link.

Employment Eligibility Verification **USCIS**
FORM I-9

Department of Homeland Security
U.S. Citizenship and Immigration Services

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. [Please click here to download a PDF of instructions on how to complete this I-9 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 (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.)

Last Name (Family Name)*:	First Name (Given Name)*:	
<input type="text"/>	<input type="text"/>	
Middle Initial:	Other Last Name Used (if any):	
<input type="text"/>	<input type="text"/>	
Address (street number & name):	Apartment Number:	City or Town:
<input type="text"/>	<input type="text"/>	<input type="text"/>
State:	Zip Code:	
<input type="text"/>	<input type="text"/>	
Date of Birth* (mm/dd/yyyy):	U.S. Social Security Number*:	
<input type="text"/>	<input type="text"/>	
Employee's Email Address:	Employee's Telephone Number:	
<input type="text"/>	<input type="text"/>	

I am aware that federal law provides for imprisonment and/or fine 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 (check one of the following boxes):

1. A citizen of the United States

2. A noncitizen national of the United States ¹

3. A lawful permanent resident (Alien Registration Number/USCIS Number):

N/A

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
Some aliens may write "N/A" in the expiration date field. ¹

N/A

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:

N/A

or

2. Form I-94 Admission Number:

N/A

or

3. Foreign Passport Number:

N/A

Country of Issuance:

Signature of Employee

Preview

Today's Date 01/17/2020

Preparer and/or Translator Certification(check one): ¹

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. How many?

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1)

Please Complete Electronic Authorization Request

NCS House Act has requested you also complete the National Crime Search Electronic Authorization form. This is a form which gives consent for the company to run background screenings as part of your onboarding process for this company. If you have any questions, please consult with NCS House Act. Thank you.

ACKNOWLEDGMENT AND AUTHORIZATION

You hereby authorize the obtaining of a consumer report and/or investigative consumer report (criminal background check) at any time after receipt of this authorization by the Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of the Company, if applicable.

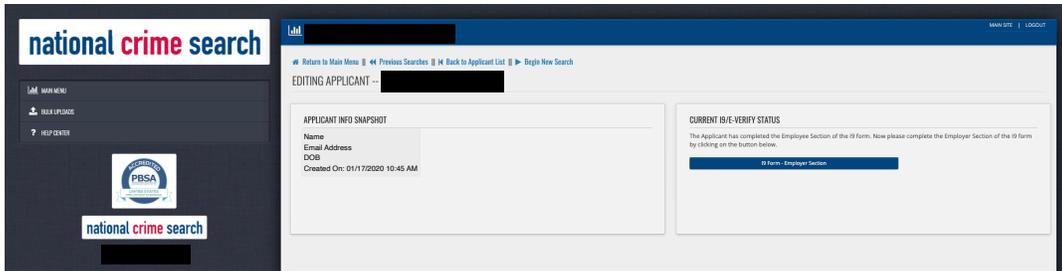
PERSONAL INFORMATION

DOMESTIC INFORMATION

First Name (Legal)	Middle Name (Legal)	Last Name (Legal)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Name on Driver's License</small>			
<input type="text"/>			
<small>Name on Driver's License if different from above</small>			
<input type="text"/>			
Date of Birth	Model Name	Social Security Number	Enter Your SSN #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drivers License #	State Issued	State	Enter Your State #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Phone #	Street Address	Street Name	Enter Street Name (Pennsylvania Avenue)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Enter Your Phone #	City	State	Select A State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Country	Zip Code	Enter City Code of Current Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter Street Number (USPS)	City	State	Select A State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Country	Zip Code	Enter City Code of Current Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enter City of Current Residence (Washington)	Country	Zip Code	Enter City Code of Current Residence
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	City	State	Select A State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DIGITAL SIGNATURE REQUIRED

- You will receive an email once your applicant has completed Section 1 and you will then need to go to applicant's profile to complete Section 2 of the Form I-9 — there is also a link in the email that will take you to applicant's profile.
- Once you are on the applicant's profile, click I9 Form — Employer Section.



- Complete Section 2 of I9 Form.

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 [Department of Homeland Security website](#).

I9 Form Info From Section 1

Last Name (Family Name) First Name (Given Name) M.I. Citizenship/Immigration Status

List A OR List B AND List C

Identify and Employment Authorization	Identity	Employment Authorization
Document Title <input type="text"/>	Document Title <input type="text"/>	Document Title <input type="text"/>
Issuing Authority <input type="text"/>	Issuing Authority <input type="text"/>	Issuing Authority <input type="text"/>
Document Number <input type="text"/>	Document Number <input type="text"/>	Document Number <input type="text"/>
Expiration Date (if Any) (mm/dd/yyyy) <input type="text"/>	Expiration Date (if Any) (mm/dd/yyyy) <input type="text"/>	Expiration Date (if Any) (mm/dd/yyyy) <input type="text"/>
Document Title <input type="text"/>	Additional Information <input type="text"/>	
Issuing Authority <input type="text"/>		
Document Number <input type="text"/>		
Expiration Date (if Any) (mm/dd/yyyy) <input type="text"/>		
Document Title <input type="text"/>		
Issuing Authority <input type="text"/>		
Document Number <input type="text"/>		
Expiration Date (if Any) (mm/dd/yyyy) <input type="text"/>		

Certification: I attest, under penalty of perjury, that (1) I have examined the documents 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):

Signature of Employer or Authorized Representative Preview

Today's Date (mm/dd/yyyy)

Title of Employer or Authorized Representative

Last Name of Employer / Authorized Representative

First Name of Employer or Authorized Representative

Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number & Name)

City or Town

State

Zip Code

- After you have completed Section 2 of the Form I-9, you will be redirected to the applicant's profile.
- Click on Submit I9 Form to Begin E-Verify Process to submit the Form I-9 to E-Verify

I9 form Document information was successfully created.

[Return to Main Menu](#) ||
 [Previous Searches](#) ||
 [Back to Applicant List](#) ||
 [Begin New Search](#)

EDITING APPLICANT -- [REDACTED]

APPLICANT INFO SNAPSHOT

Name
 Email Address
 DOB
 Created On: 01/17/2020 10:45 AM

CURRENT I9/E-VERIFY STATUS

Case ID:	Case Status Display:
Status:	DHS Referral Status:
Case Eligibility Statement:	SSA Referral Status:

[Submit I9 Form to Begin E-Verify Process](#)

I9 FORM DETAILS

[I9 Form - Applicant Section](#)
[I9 Form - Employer Section](#)

- You may (not likely) receive a pop-up notice about the request being a duplicate. If so, you will need to enter a reason for the duplicate, i.e. rehire and click Continue.

Applicant Found With Duplicate SSN ✕

Case For Applicant Name **with SSN:** ***-**-**** **already Exists. If You want duplicate case for** Applicant Name **. Please Click on Continue.**

Following are the User founds with Duplicate SSN:-

1. Case Number: 2020***** Case Status: CLOSED First Name: Applicant
 Last Name: Name

Provide Reason For Continue:

[Exit](#)
[Continue](#)

- After clicking Submit I9 Form or clicking Continue from duplicate pop-up, the applicant profile page will refresh with E-Verify status. If there were not any issues, the status will say “employment authorized” and results will be immediate. There are other scenarios, which will not result in immediate results. If this occurs, there will be additional steps you must take to complete the E-Verify process. You will be directed through those next steps on the applicant’s profile. The first screen shot is on the top right of the applicant profile. The second screen shot is at the bottom of the applicant profile, or after clicking on View More Details.

CURRENT I9/E-VERIFY STATUS

<p>Case ID: 2020*****</p> <p>Status: CLOSED</p> <p>Case Eligibility Statement: EMPLOYMENT_AUTHORIZED</p>	<p>Case Status Display: Closed</p> <p>DHS Referral Status: NOT_REFERRED</p> <p>SSA Referral Status: NOT_REFERRED</p>
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View More Details

I9 FORM DETAILS

I9 Form - Applicant Section

I9 Form - Employer Section

Applicant I9/E-Verify Information

I9/E-VERIFY - VERIFICATION STATUS

<p>Case ID: 2020*****</p> <p>Status: CLOSED</p> <p>Case Eligibility Statement: EMPLOYMENT_AUTHORIZED</p>	<p>Case Status Display: Closed</p> <p>DHS Referral Status: NOT_REFERRED</p> <p>SSA Referral Status: NOT_REFERRED</p>
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Employee Information

Name: Applicant Name	Date of Birth: **/**/****
U.S. Social Security Number: ***-**-****	Employee's First Day of Employment: 01/17/2020
Citizenship Status: U.S. Citizen	

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession	Document Number: *****
Document Subtype: Driver's License	State: Arkansas
Expiration Date: **/**/****	
List C Document: Social Security Card	

Case Information

Case Status: Closed	Case Submitted By: User Name
Current Case Result: Employment Authorized Auto Close	Reason for Closure: