

I-9 Section 2 (Authorized Representative)

The Stepping Stones Group utilizes the Authorized Representative process to verify employment eligibility. Please visit this link for more information about the process.

How to Complete I-9 Section 2:

| i9@i9everywhere.com To: | |
|---|---|
| sica , | |
| ge Testing needs your help before they can start their new job. They have lis he US. We have a short form called Form 19 for you to fill out with information of the start of | ted you as someone that can vouch for their ability to work on that Paige Testing will provide to you. |
| ntact Paige and make sure they present their document(s) to you in person . A nplete the I-9 form. | After you have viewed the documents, you are able to |
| ge cannot start their new job until the form is complete. | |
| k the link below to start the form - <u>LINK</u> | |
| ase do not hesitate to contact us if you have any questions or concerns. We a | are open Monday-Friday from 8am to 7pm Central time. |
| (1) +1 (919) 907-1950 > | |
| Text Message Today 1:16 PM | |
| Jessica, P Testing here, For my new job please help me with my hiring docs at https:// app.i9everywhere.com/ | |

k on the web address provided via email m i9@everywhere.com ccess the login page desktop.

2-

k on the link provided SMS text message to ess the login page on bile device. (Text from area code)

THE STEPPING STONES GROUP

Transforming Lives Together

| Welcome: Jessica | |
|---|-----|
| | |
| The witness for this form I-9 is: Your First Name* | |
| Jessica Your Last Name* | |
| Your Phone number* | |
| Your Email* | -Ti |
| Your Address* Input address Your City* | |
| Input city Your State* | |
| Choose State Your Zp* Input zip | |
| | |

Fill out all required fields with your information on page verifying you as the witness for this form I-9, then click NEXT.

Required fields are identified by a * after the field name.





Employee must present the document(s) listed below in-person.

Once examined and verified they are genuine documents, click the Enter Info hyperlink to enter the required data.

Fill out all required fields with the <u>Employee's</u> document(s) information, then click CERTIFY.

Required fields are identified by a * after the field name.

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You are using our electronic tool to Sign the USCIS FORM I-9 Employment Eligibility Form. Your signature will appear on this completed document. By Clicking below you attest to the fact that you are 18 years of age or older.

□ I attest under penalty of perjury, that (1) I have examined the document(s) 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.

| Type signature | | | | | | |
|---|--------------------------|-----------|---------------|------------|------|--|
| Your signature | | | | | | |
| | | | | | | |
| | | OR | | | | |
| | | | | | | |
| Sign with the ma | nuse | | | | | |
| Sign with the mo Don't worry! Even if yo | DUSE our signature lo | oks wein | d, it's still | legally va | lid. | |
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| Sign with the mo Don't worry! Even if yo | DUSE bur signature lo | oks wein | d, it's still | legally va | lid. | |



Check Box to agree to the terms and conditions of signing this document with an electronic signature.

Type signature -OR- sign with mouse in provided box to e-sign document.

Click SEND to complete Section 2 of I-9 Form.

Thank you for your assistance in processing the Form I-9 for this employee.

Questions or Issues? Please contact the I9Everywhere.com Support Team at 866-661-1500 (Mon-Fri, 8am-7pm CST).