

HireRight: Step-by-Step Guide

Reverifying Employment Authorization (Section 3 of the Form I-9)

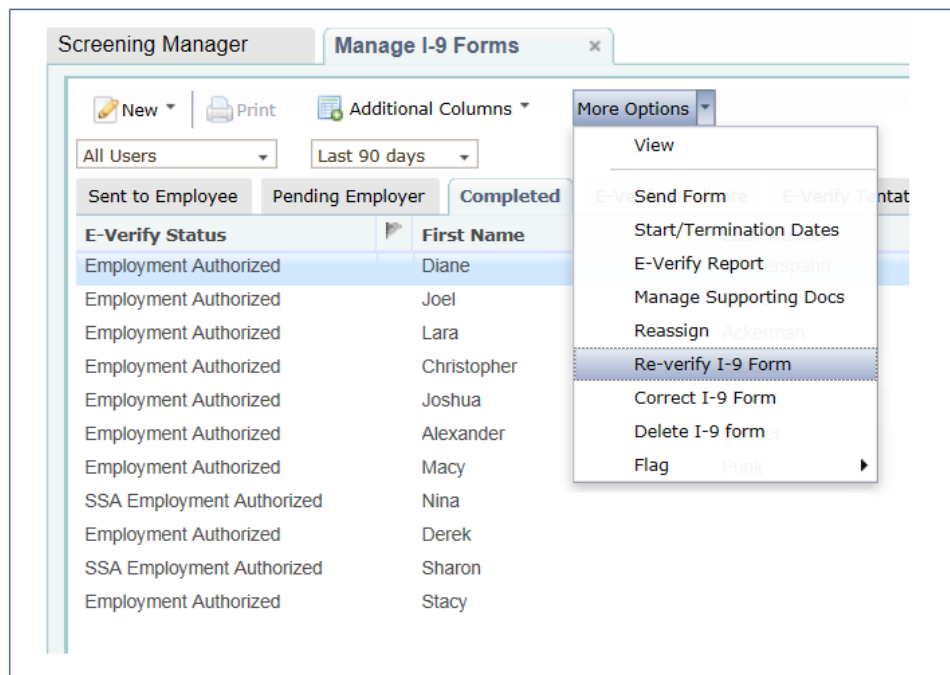
An Employment Eligibility Verification Form I-9 may need to be reverified in the following situations:

- An employee who has a name change.
- An employee's work authorization documentation has expired and requires updating.
- An employee is rehired within three years of when the Form I-9 was originally completed.

Note: If the Form I-9 was not initially completed electronically, the paper form may be scanned to an image file and uploaded to the HireRight system. Once complete, you can perform an electronic reverification as described below.

To reverify an employee's employment authorization:

1. Find the employee whose Form I-9 needs to be reverified.
2. Right-click the employee and choose **Re-verify I-9 Form**.
Or, select the employee and then choose **Re-verify I-9 Form** from the **More Options** menu on the toolbar.



The Updating and Reverification screen is displayed.

Note: Some accounts display an option box at this time, asking whether you want to send the form to a hiring manager or complete the form yourself. This is a custom feature, so not all users will see this box display. After you make your selection, you can continue as described in the remaining steps.

3. Under **Purpose of Reverification**, select the reason for reverifying the Form I-9.

Save Form
Print
Clear Form
Help
Live Chat
Cancel & Discard

1 EMPLOYMENT ELIGIBILITY VERIFICATION

✓ [Directions](#)

• [Updating and Reverification Worksheet](#)

Section 3 Review and E-Sign

[Form I-9 Instructions](#)

[List of Acceptable Documents](#)

[Who is Issued This Document?](#)

[Sample Document Images](#)

[Information on Receipts](#)

Section 3 - Reverification and Rehires Worksheet

Fields marked with an * are required

To be completed and signed by employer or authorized representative

Purpose of Reverification

☐ Employee Name Change
☐ Employee Rehire
☐ Employee Work Authorization renewal

Proceed to Form I-9 Completion

4. Enter updated information.
5. Select the **I attest...** box.
6. Click **Proceed to Form I-9 Completion**.

Employee's New Name

Last Name:

First Name:

Middle Initial:

Date of rehire

Date of rehire:

/

/

Document

List A

List C

If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

☐ The Employee has presented a Receipt for a replacement of a lost, stolen, or damaged document.

Document Title: Click here to select Document Title

Document #:

Expiration Date (if any): mm / dd / yyyy

☒ I attest under penalty of perjury that to the best of my knowledge this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. I certify that the information entered above can be used to complete Section 3 of the Form I-9.

Proceed to Form I-9 Completion

7. Fill out the section, Complete and Electronically Sign Form I-9, Section 3.
8. Provide the name of the authorized representative signing the form.
9. Read and select each of the certification boxes.

Complete and Electronically Sign Form I-9, Section 3

Fields marked with an * are required

Section 3. Reverification and Rehires <i>(To be completed and signed by employer or authorized representative.)</i>			
A. New Hire (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy) 05/01/2017
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below:			
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

Electronic Signature of Employer or Authorized Representative

First Name: *

Last Name: *

E-mail Address:

Hold down left mouse button and draw your signature below

☐ CERTIFICATION - I attest, under the penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. *

☐ certify that the information that appears above on the Form I-9 is exactly as I entered it in the Updating and Revocation Worksheet *

☐ understand that I am using electronic means to sign this document, and I consent to signing this document electronically *

☐ understand that by typing my information above, I am certifying that I am the person identified by this information, and that my providing this information and clicking the "Electronically Sign" button below will constitute my electronic signature. *

10. Click **E-Sign & Save**.