



Atrium Health

Certiphi I-9

Step-by-Step

Welcome to ApplicationStation

ApplicationStation



Welcome to ApplicationStation®

Sign up

If you are new to our system, sign up to start a form.

Sign up

Returning user login

Enter your previously created username and password to complete or submit a saved form or to submit a new form. If you have not already set up an account, please select "Sign up".

Log in

This is a restricted computer system. It is for authorized use only. Use of this system constitutes consent to security monitoring and auditing. Unauthorized or improper use of the system is prohibited and may be subject to criminal and/or civil penalties.

System Maintenance Scheduled for Saturday January 19

Please be advised that scheduled system maintenance is to take place on Saturday, January 19. The maintenance will begin at approximately 10 p.m. ET and be completed by 2 a.m. ET. During this time period, access to our systems and services may be limited. We are dedicated to providing you with the very best customer service. If you have any questions regarding this maintenance, please contact our customer service team. at 1-800-369-2612 x2006

System Maintenance Scheduled for Saturday January 26

Please be advised that scheduled system maintenance is to take place on Saturday,

Read and accept rules



E-SIGN Act Disclosure and Consent ("Consent Agreement")

Pursuant to the Federal Electronic Signatures in Global and National Commerce Act ("E-Sign Act"), you have a right to receive any disclosures or notices in a non-electronic form. Before providing electronic signatures or obtaining legally required disclosures and notices electronically, please review and indicate your acceptance of the terms below. If you do not accept these terms or do not agree to the use of electronic disclosures and signatures, we will provide you with, or make available to you, any required disclosures on paper or non-electronic form at no additional charge to you.

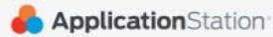
1. Intent to Use Electronic Signatures

By clicking the "I AGREE" button below—which you hereby adopt as your electronic signature—you affirmatively consent and agree that you are signing this Consent Agreement electronically and your electronic signature on agreements and documents has the same effect as if you signed them in ink. You further agree that your electronic signature is the legal equivalent of your manual signature and will continue to be throughout the background screening process.

By clicking the "I AGREE" button below, you agree to the use of electronic signatures, such as your act of clicking, checking or otherwise manifesting your assent throughout the background screening process. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or in providing or making any agreement, acknowledgement, or consent constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract.

2. Consent to Electronic Disclosures & Notices

Create Account



Create Account

Please fill in the following fields to create an account.

Email*	<input type="text"/>
Username*	<input type="text"/>
Password*	<input type="password"/> show
Confirm Password*	<input type="password"/> show
First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Mobile Phone Number	<input type="text"/>

Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1*	<input type="text" value="Select One"/>
Answer 1*	<input type="text"/> show
Security Question 2*	<input type="text" value="Select One"/>
Answer 2*	<input type="text"/> show

Verify Account – you will receive an 8-digit code from the account set up to authenticate your account



Verify Account

An email has been sent to your provided email address. The subject of the email will be "ApplicationStation Account Verification" and will arrive from email sender auth@verticalscreen.com.

Please follow the directions in the email to continue creating your account. You may need to check your Junk or Spam folder.

 Please do not close your browser.

If your browsing session closes, please log back in using your username and password and enter the 8-digit **Verification Code** emailed to you at the email address provided during account creation. This **Verification Code** will expire after 30 minutes.

Verification Code*

Didn't receive an email? Click [here](#) to resend email.

Complete Registration

Enter the Verification Code from your email within 30 minutes



auth@verticalscreen.com

Hymes, Teresa

ApplicationStation Account Verification

WARNING: This email originated from outside of Atrium Health (auth@verticalscreen.com).

Do not click links or open attachments unless you recognize the sender and are expecting the message.

You created an account with ApplicationStation.

Username: karol1

Please enter the Verification Code below into the Verification Code field on the ApplicationStation website to continue:

54866109

Please Note: Don't delay, your verification code is only valid for 30 minutes and if you closed your browser, just sign back in and you will be prompted to enter this code there.

If you did not request to create an account, please contact us.

Thank you,
Application Station Team
applicationstation@certiphi.com
888-291-1369 x2006



Your account has been verified – Log In using your Username and Password

 ApplicationStation

ⓘ Your account has been verified
You have successfully verified your account, please log in.

Log in

Username

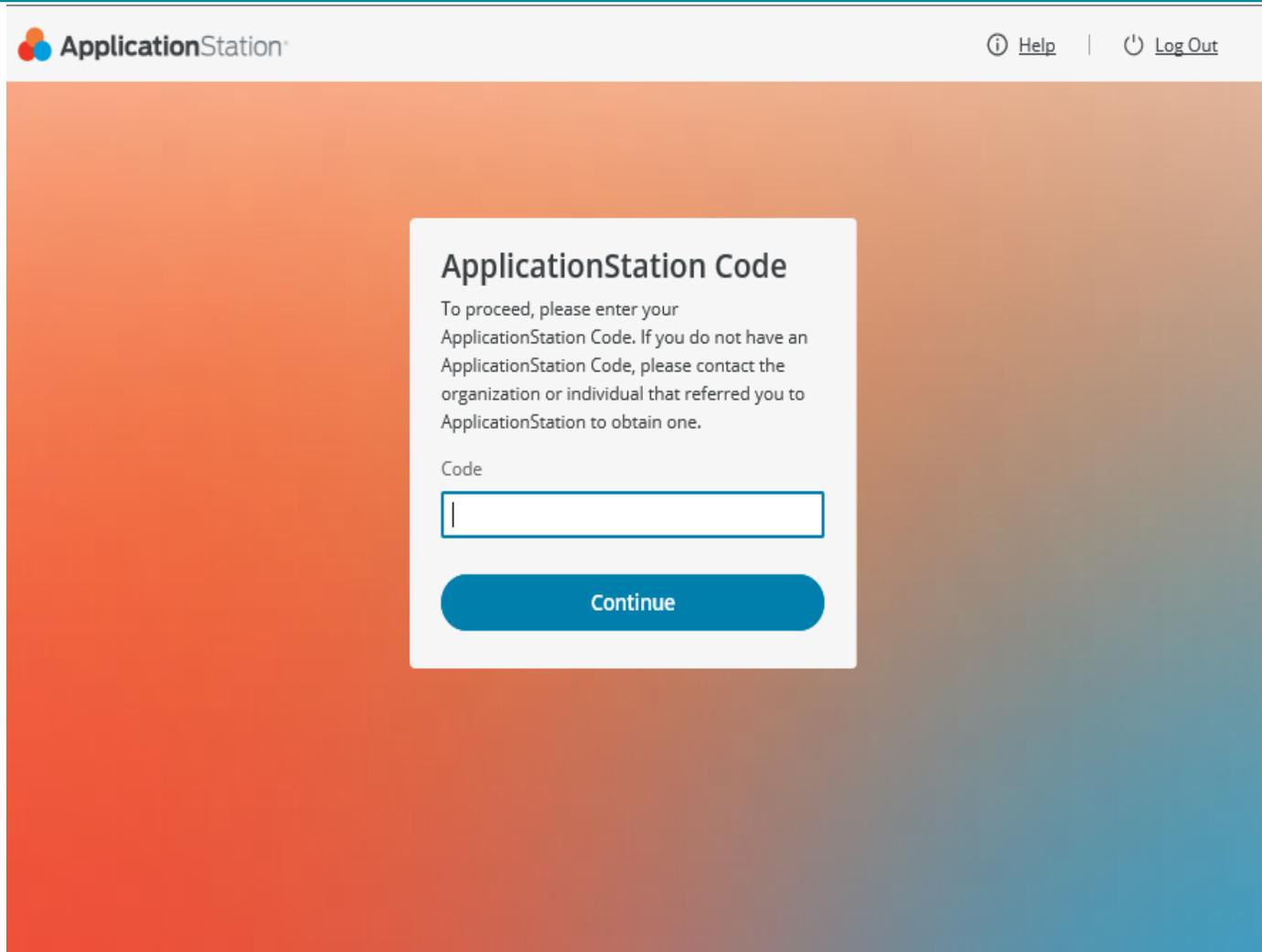
Password

[Forgot username?](#) [Forgot password?](#)

Entering Your I-9

ApplicationStation Code = *CarolinasI9*

The code is case sensitive



The screenshot shows the ApplicationStation web interface. At the top left is the ApplicationStation logo. At the top right are links for Help and Log Out. The main content area has a gradient background and a central white box with the following text:

ApplicationStation Code

To proceed, please enter your ApplicationStation Code. If you do not have an ApplicationStation Code, please contact the organization or individual that referred you to ApplicationStation to obtain one.

Code

[Continue](#)

Customer Service 1-888-291-1369 x2006

The screenshot shows the 'ApplicationStation' interface for the 'I-9 Form'. A modal window titled 'How it Works' is open, providing instructions on how to use the form. The background interface includes a sidebar with 'Sections' (I-9 Form, I-9 Acceptable Documents), 'Review Summary', 'Submit Forms', and 'Confirmation'. The main content area displays the 'I-9 Form' title and a 'USCIS Form I-9' header with OMB No. 1615-0047 and an expiration date of 08/31/2019. Below the modal, there are input fields for 'Address (Street Number and Name)*' and 'Apt. Number*', along with checkboxes for 'N/A'.

ApplicationStation Help | Log Out

I-9 Form

USCIS Form I-9
OMB No. 1615-0047
Expires 08/31/2019

How it Works

Our website makes completing a data collection form easy, quick and convenient. You can submit a form anytime, anywhere from your personal computer, your mobile phone or your tablet.

Simply follow the directions on each screen to navigate through to completion. Sections that are completed will have a check mark next to them.

You will have the opportunity to save your form, log out and return to the form before submitting it.

Once you have completed the form, you will have the opportunity to read through your form to verify its completeness and accuracy prior to clicking on the submit button.

After you submit, you will be able to print a copy, but will no longer be able to make changes.

If you have any issues or questions please contact our support team at:
888-291-1369 x2006.

Got it

Address (Street Number and Name)*
Apt. Number*

N/A
 N/A

I-9 Form

Sections

I-9 Form

I-9 Acceptable Documents

Review Summary

Submit Forms

Confirmation

I-9 Form

Please provide the following information

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9**
OMB No. 1615-0047
Expires 08/31/2019

START HERE: Please 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

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) *

Middle Initial *

N/A

Other Last Names (if any) *

N/A

Address (Street Number and Name) *

Apt. Number *

N/A

Navigation Notes

If you log out and log back in you will be asked a security question. Once you answer the security question you will land on the **My Forms** page

ApplicationStation Help | Log Out
Last Login: 1/18/2019 2:22:03 PM

My Forms

Below you can view completed forms, continue with a previously started form or submit a new form.

If your form is In Progress - this means that it has not yet been submitted and can still be changed. Click on the Continue button to finish and submit the form.

If your form is Completed - this means it has been submitted and cannot be changed. Click on the View button to review the completed and submitted form.

Add a New Form - You are able to add a new form as long as you do not have one in progress for the same ApplicationStation Code. Click the Add New Form button to begin a new form.

Forms

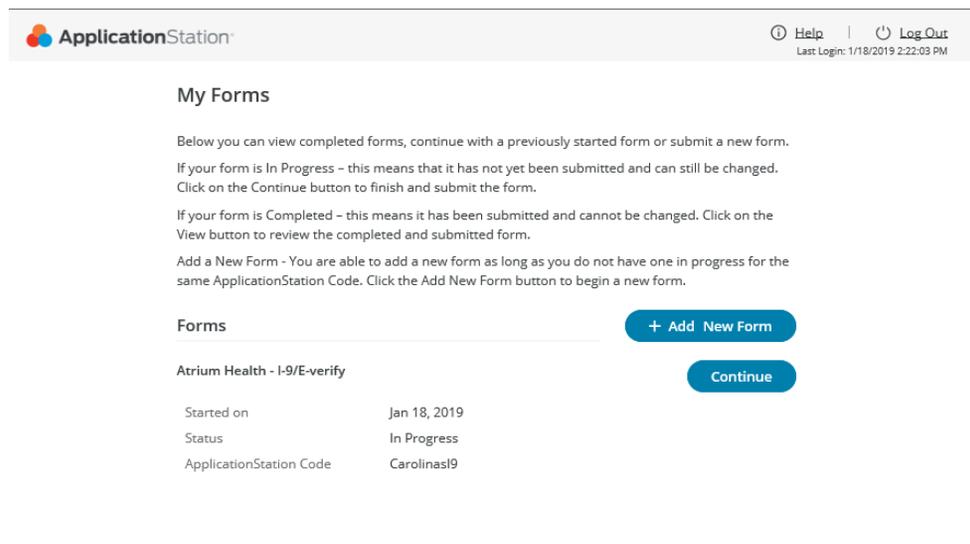
[+ Add New Form](#)

Atrium Health - I-9/E-verify		Continue
Started on	Jan 18, 2019	
Status	In Progress	
ApplicationStation Code	CarolinasI9	

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More Navigation Notes

- If your form is **In Progress**, click **Continue**
- If you have not started the I-9 form, click **+ Add New Form**
- You will be asked for an **ApplicationStation Code**: enter *CarolinasI9* to begin the new form. The code is case sensitive.



The screenshot shows the ApplicationStation web interface. At the top left is the ApplicationStation logo. At the top right are links for Help and Log Out, with a last login timestamp of 1/18/2019 2:22:03 PM. The main heading is 'My Forms'. Below this, there are instructions: 'Below you can view completed forms, continue with a previously started form or submit a new form.' It explains that 'In Progress' forms can still be changed and 'Completed' forms cannot. A section titled 'Forms' contains a table with one entry: 'Atrium Health - I-9/E-verify'. To the right of the table are two buttons: '+ Add New Form' and 'Continue'.

ApplicationStation Help | Log Out
Last Login: 1/18/2019 2:22:03 PM

My Forms

Below you can view completed forms, continue with a previously started form or submit a new form.

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Forms

Atrium Health - I-9/E-verify		+ Add New Form
Started on	Jan 18, 2019	Continue
Status	In Progress	
ApplicationStation Code	CarolinasI9	

Completing Your I-9

Review Summary – Once you have completed the form you will be asked to review the summary to make sure all information is correct

Sections

- ✓ I-9 Form
- ✓ I-9 Acceptable Documents

Review Summary

Submit Forms

Confirmation

Review Summary

Now is the time to review your work for accuracy and completeness. To change any of the information you have entered, click the "Edit" button. When you are satisfied with the information entered, you can click the "Continue" button to move to the next screen.

I-9 Form

 Edit

Last Name (Family Name)	Karol
First Name (Given Name)	Karol
Middle Initial	N/A
Other Last Names (if any)	N/A
Address (Street Number and Name)	123 Main St
Apt. Number	N/A
City or Town	Anytown
State	North Carolina
Zip Code	28203
Date of Birth (mm/dd/yyyy)	01/01/1999
U.S. Social Security Number	XXX-XX-1123
Employee's E-mail Address	N/A
Employee's Telephone Number	N/A
1. A citizen of the United States	Yes
2. A noncitizen national of the United States	N/A
3. A lawful permanent resident	N/A
Alien Registration Number/USCIS Number	N/A
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy)	N/A
1. Alien Registration Number/USCIS Number	N/A

Review Summary

Employee's E-mail Address	N/A
Employee's Telephone Number	N/A
1. A citizen of the United States	Yes
2. A noncitizen national of the United States	N/A
3. A lawful permanent resident	N/A
Alien Registration Number/USCIS Number	N/A
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy)	N/A
1. Alien Registration Number/USCIS Number	N/A
2. Form I-94 Admission Number	N/A
3. Foreign Passport Number	N/A
Country of Issuance	N/A
Employee's Telephone Number	N/A
Signature of Employee	Electronic Signature Submitted
Today's Date (mm/dd/yyyy)	01/18/2019

[← Back](#)

[Continue →](#)

Submit Your I-9

Sections

- ✓ I-9 Form
- ✓ I-9 Acceptable Documents

Review Summary

Submit Forms

Confirmation

Submit Forms

If you wish, you may go back and review information you have supplied for accuracy and completeness by clicking the "Review Summary" link on the left side of this page.

If you are satisfied with the information that you have supplied, please read and acknowledge the following:

I certify that I have provided all information, and answered all questions, truthfully, correctly, and completely in accordance with the instructions provided.

By clicking "Submit Forms", I acknowledge and agree that I have provided complete, correct and truthful information on all pages included in this Background Investigation Data Collection process.

[← Back](#)

[Submit Forms →](#)

Confirmation

Sections

- ✓ I-9 Form
- ✓ I-9 Acceptable Documents

Review Summary

Submit Forms

Confirmation

Confirmation

Your I-9 Form has been submitted.

You will be required to present certain documents when completing the I-9 with your employer. See the link below for the list of acceptable documents.

You can view copies of the information you have submitted:

-  [I-9 Form](#)
-  [Acceptable Documents](#)

If you do not wish to view the printable copies, you can close your browser now. If you wish to view these documents at a later time, you can log back in using your username, password and ApplicationStation code.

If you would like to take a quick survey, please click [here](#).

[Back to My Forms](#)

[Log Out](#)

Acceptable Documents

You will be required to submit certain documents when completing the I-9 with Atrium Health

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security 		

Customer Service

1-888-291-1369
x2006