

Pressly's Laundry & Dry Cleaners, Inc.



WELCOME TO OUR TEAM!

I would like to personally welcome you to the team. It's an exciting time for Pressly's Dry Cleaners & CRDN of Coastal North Carolina & CRDN of Virginia – Central and Tidewater. As we continue to grow, we strive to remain as adaptable, motivated and responsive to our new employees as we are to our customers. We're glad to have you on board!

Our organization is confronting a time of many changes and we're meeting these changes during a time of larger nationwide and global change. The world of contents restoration is an exciting area in which to work, and we'll continue working to ensure our organization remains on the cutting edge.

We're continuously transforming the way we operate to continuously improve our ability to provide the highest level of quality and service to our customers. Our employees and partners have continued to meet the challenges of our field and to excel despite these challenging economic times. We are very proud of where we are today and excited about where we are headed.

As part of our team, you are our most important and greatest asset. We could not accomplish what we do every day without our employees. I'm very pleased to welcome you to our team and look forward to watching you grow personally and within my company.

Sincerely,

Robert L. Pressly, Jr.
CEO/President

Pressly's Laundry & Dry Cleaners, Inc.



ACCEPTANCE OF EMPLOYEE MANUAL

I, the undersigned, acknowledge that I have unlimited access to a copy of the Pressly's Laundry & Dry Cleaners, Inc. and Certified Restoration Drycleaning Network of Coastal North Carolina | Central Virginia | Tidewater Virginia Employee Manual located on the Company website. I also acknowledge that I received the website address and password to access the Employee Page of the website where the manual is located. I have also been informed that if I forget the employee login password, any manager of the Company can and will provide the password to me. Furthermore, I understand that it is my responsibility to familiarize myself with and abide by the Company Policies and Procedures contained in the manual.

I, the undersigned, acknowledge that I understand that all updates to the employee manual will be to the email address I provide below. I understand that I must update my personal information using the form located in the Employee Page of the website if I have a new email address, physical address, contact information along with any other required company employee information.

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I, the undersigned, acknowledge that I agree and consent to Drug and/or Alcohol Testing at the discretion of the Company. I also acknowledge that by signing below I consent to a drug and/or alcohol test as required by the Company for any reason at any time.

Furthermore, I understand that a Drug and Alcohol Test will be required immediately upon notice of an on-the-job accident and/or injury.

I, _____, have in my possession the password for the Employee section of the Company website where the Employee Manual containing the Employee Agreement and Consent to Drug and/or Alcohol Testing and agree to abide by all terms and conditions established for the protection of the Company.

Email address: _____

Employee Signature

Date



Employee Information

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

SSN or Gov't ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

THIS PORTION TO BE COMPLETED BY MANAGER

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Salary: \$ _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Employee Uniform Agreement

Pressly's Laundry & Dry Cleaners, Inc.

Db. CRDN of Coastal North Carolina and CRDN of Virginia – Central and Tidewater

Each new employee will be issued the listed uniform items documented below. Uniforms may differ within the company based on the position for which you have been hired. Your specific uniform items are listed below.

Uniform rentals are deducted from your weekly/bi-weekly payroll. Your uniform weekly/bi-weekly deduction is outlined below. Uniforms are considered company property. Upon issuance and signature below, you agree and understand the uniform become the responsibility of the employee but owned by Pressly's Laundry and Dry Cleaners, Inc.

You agree that, as an employee of Pressly's Laundry and Dry Cleaners, Inc., you will wear the designated uniform declared here and represent the company brand by upholding a professional image. A professional image includes the following: clean and wrinkle free shirt, shirt buttoned up and tucked in pants, belt, proper personal hygiene, no piercings other than earrings, neutral makeup and hair color, covering of tattoos unless this conflicts with religious beliefs and clean and well-maintained facial hair.

By signing, you agree to the following policy regarding uniforms:

- Uniforms will be kept neat, clean and in good condition at all times.
- You are responsible for the proper maintenance, laundering and care of these items. The company offers free cleaning of uniforms if you cannot properly maintain your company attire.
- If the uniform needs to be replaced owing to normal wear and tear, the company will replace it at no expense to the employee.
- If anything, outside of normal wear and tear results in the need for a replacement, the replacement will be at the employee's expense. Additionally, excessive damage to or loss of company uniforms may result in disciplinary action. Payroll deductions will be arranged to cover replacement cost.
- If an employee would like additional uniforms issued, please bring this to the attention of Kristy Wade.
- During employment, all uniforms will remain the property of Pressly's Laundry & Dry Cleaners, Inc.
- Upon termination of employment, or upon management request, uniforms are expected to be returned in a reasonable state and in their entirety.
- If the employee does not return the complete set, Pressly's Laundry & Dry Cleaners, Inc. reserves the right to withhold the replacement cost from your final paycheck.

Signature

Date

Corporate Credit Card Policy
For
Pressly's Laundry & Dry Cleaners, Inc.

The corporate credit card cannot be used to obtain cash advances, bank checks, traveler's checks, or electronic cash transfers for expenses other than those incurred by the assigned employee named on the card, or for personal expenses. Managers do not have the authority to sign up for monthly recurring subscriptions for software or other recurring charges. Misuses of the card will result in cancellation of the card and withdrawal of corporate credit card privileges. If the card is used for an employee's personal expenses, the employer reserves the right to recover these monies from the employee cardholder. Cardholders will be required to sign a declaration authorizing the company to recover, from their salary, any amount incorrectly claimed.

Regular, full-time employees may apply for a corporate credit card but must obtain prior, written approval from their supervisor using the attached support document. To be eligible for a corporate credit card, an employee must travel frequently in the course of his/her duties, purchase significant volumes of goods and services for use by the employer, or incur other regular frequent business expenses of a kind appropriately paid by credit card.

Each card will be limited to a maximum of \$250.00 per month. All normal operating supplies will be purchased by the Office Administrator in bulk and distributed as needed. Increases to the established maximum may be made on a case-by-case basis by the Office Administrator. At the beginning of each month, an email will be sent to the Manager of each department and/or location, it is the responsibility of each Card Holder to complete the supply request list.

Corporate credit card expenditures must be reconciled and submitted with original receipts to the Accounting/Finance Department for the prior month by the 5th of the preceding month. Cardholders who have not reconciled and submitted their monthly expenditure within this period will be asked to reconcile and submit their monthly expenditure immediately. Continued or repeated non-conformance to this policy will result in cancellation of the card and such other actions as appropriate. If the card expenditures are not reconciled and submitted within a month of the statement date or a plausible explanation has not been received by Accounting/Finance Department, the employee's corporate credit card will be cancelled.

Lost or stolen cards must be reported immediately to the Office Administrator.

SUPPORTING POLICY DOCUMENT

Application for a Corporate Credit Card

Employee Name: _____

Position: _____

I am applying for a corporate credit card.

I understand and agree that:

- I bear ultimate responsibility for the card.
- I will not use the corporate credit card to withdraw cash.
- I will not use the corporate credit card for personal expenses and will use it only for official business on behalf of the company.
- If I misuse the card (i.e., use it otherwise than in accordance with the instructions given to me in this agreement or related policies) or otherwise fail to reconcile my expenditures within the prescribed procedures and timeframe, I authorize the company to recover the funds through payroll deductions for any amounts incorrectly claimed or for reconciliations that are one month in arrears of the statement date.
- If the corporate credit card is lost or stolen, I will report it immediately to the Office Administrator.
- If I resign from the company, I will return the card with a final reconciliation of all expenditures prior to departure and final paycheck.

Signature of Cardholder

Date

Authorized Signature

Date

Failure to adhere to any of the guidelines or the policy listed above will be followed by disciplinary action and possible termination of employment.

Prices are subject to change. Employees will be notified in writing and emailed to the employee email address on file.

Items Issued: See Below Date Issued: _____

Item	Quantity	Cost Per Item	Replacement Cost	Signature of Recipient
Coat/Jacket		.41¢	\$36.75	
Pants		.34¢	\$30.95	
Shirt		.27¢	\$32.73	

Total Items				
Total Cost				

By signing below, I verify that I was given the uniform items listed, and I understand and agree to all the policies outlined in this document.

Employee Name (Please Print)

Employee Signature

Date

Supervisor Signature

Date



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

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Pressly's Laundry & Dry Cleaners, Inc.



PAYROLL

ACCEPTANCE OF PAYROLL SETUP

I, the undersigned, acknowledge that I will receive an email inviting me to Quickbooks Workforce, where I will be required to input all necessary personal information, W-2 information, emergency contact information and any other required information before I will receive my initial direct deposit pay. I acknowledge that QuickBooks Workforce invite will be sent to the email I provided on the Employee Information Form (next page in this packet).

I, the undersigned, acknowledge that I am required to update all personal contact information, banking information, emergency contact information, email address in the future should any of this information change.

I, the undersigned, acknowledge that direction and links on how to setup and use Workforce can be found on the Employee Page of the Company Website @ www.presslyscleaners.com or www.crdnrestore.com.

I, _____, have in my possession the password for the Employee section of the Company website where the directions and use of QuickBooks Workforce is located.

Employee Signature

Date