



## **BRANCH MANAGER**

### **POSITION DESCRIPTION**

**Position:** Branch Manager

**Reports to:** Director of Operations

**Classification:** Salary Exempt

**Department:** Inside Sales

**Developed:** June 2020

#### **Job Summary:**

The Branch Manager will direct and supervise the staff and day-to-day operations in the assigned branch location, ensuring delivery of quality customer service and achievement of sales or productivity goals.

#### **Essential Functions:**

- Oversee the day to day Branch Operation
- Responsible for branch sales performance, cash drawer accuracy, inventory accuracy, timely processing of warranty products
- Manages sales counter staff
- Answers phones and emails
- Analyzes various sales/inventory reports
- Helps customers trouble shoot various technical issues
- Assists with start-up, development, and growth of new branches as needed
- Performs other related duties as assigned

#### **Required Skills and Abilities:**

- Ethical conduct
- Excellent leadership and management skills
- Excellent sales, customer service, and interpersonal skills
- Excellent verbal and written communication skills
- Excellent organizational skills and attention to detail
- Ability to prioritize tasks, delegating when appropriate
- Proficient with Microsoft Office Suite or related software

#### **Education and Experience:**

- High School Degree or GED required
- At least four (4) years' experience in HVAC/R Industry
- Bachelor's degree preferred
- Two (2) years of Management experience highly preferred

#### **Physical Demands:**

In order to successfully perform this job you must be able to meet the physical demands.

The employee is required to talk and hear; sit and stand for long periods of time; walk; use hands to type and file; and reach with hands and arms. The employee must frequently lift and/or move objects up to 25 pounds.

**Environment, Position Type and Hours of Work:**

This position operates in an office/ warehouse environment. The Branch Manager routinely uses standard office equipment such as computers, phones, photocopiers, filing cabinets and fax machines.

This is a full-time position. Days and hours of work are Monday through Friday, 7:30a to 5:00p.

**Supervisory Responsibilities:**

This position has supervisory responsibilities.

**Travel:**

Light outside travel may be required.

**Signatures**

This position description has been approved by all levels of management:

Manager: \_\_\_\_\_

HR: \_\_\_\_\_

Employee's signature below constitutes the understanding of the requirements, essential functions and duties of the position.

Employee: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY EMPLOYER

LAST FIRST MIDDLE

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? YES NO	PHONE			

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? EMPLOYMENT AGENCY	NEWSPAPER ADVERTISING	FRIEND
STATE EMPLOYMENT OFFICE	COLLEGE PLACEMENT SERVICE	WALK IN OTHER

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATED?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	YES NO
NAME OF SUPERVISOR	TITLE		PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	YES NO
NAME OF SUPERVISOR	TITLE		PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	YES NO
NAME OF SUPERVISOR	TITLE		PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOME YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	YES	NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

## AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNATURE

DATE

I UNDERSTAND THAT ENTERING MY NAME ABOVE IN PRINT IS THE SAME AS SIGNING THIS APPLICATION.