



**STATE OF CALIFORNIA**  
**CALIFORNIA AIR RESOURCES BOARD**

**TRAINING AND EXPERIENCE EXAMINATION**

**AIR RESOURCES FIELD REPRESENTATIVE II**

**IT IS EXTREMELY IMPORTANT THAT YOU COMPLETE ALL CANDIDATE INFORMATION BELOW.**

Applicant's Name (Last)		(First)	(Middle Initial)
Social Security Number		Email Address	
Home Phone #	Cell Phone #		Work Phone #

**▶▶▶▶▶ DO NOT REMOVE THIS COVER SHEET FROM BOOKLET ◀◀◀◀◀**

If you were dismissed and do not have permission from the State Personnel Board to take this examination, **STOP HERE!!**

**RULE 211:** Provides that a dismissed State employee may only participate in State civil service examinations if she/he has obtained prior consent from the State Personnel Board.

**▶▶▶▶▶ DO NOT STAPLE PAGES TOGETHER ◀◀◀◀◀**  
**(YOU MAY CLIP PAGES TOGETHER)**

**EXAMINATION / EMPLOYMENT APPLICATION**

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**Applications will be processed ONLY for classifications where an examination is in progress and the published final filing date has not passed, or for vacant positions where a department requests an application.**

**PRINT OR TYPE--PLEASE SEE INSTRUCTIONS ON BACK PAGE**

APPLICANT IDENTIFICATION NUMBER (EASY ID)				EASY ID	
FIRST 3 LETTERS OF LAST NAME AT BIRTH	MONTH OF BIRTH	DAY OF BIRTH	Last 4 DIGITS OF SOCIAL SECURITY NUMBER	--	
APPLICANT'S NAME (Last)			(First)	(M.I.)	
MAILING ADDRESS (Number) (Street)			E-MAIL ADDRESS		WORK TELEPHONE NUMBER
(City)	(County)	(State)	(Zip Code)		HOME/VRS/TTY TELEPHONE NUMBER

EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING	<b>PERSONNEL USE ONLY</b>
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**ANSWER THE FOLLOWING QUESTIONS:**

1. Enter the county in which you would like to take the examination if different from the county of your residence: \_\_\_\_\_
2. Do you need reasonable accommodation to take an interview or written test?  Yes  No
3. Do your religious beliefs prevent you from taking an examination on Saturday?  Yes  No
4. Are you now employed by the State of California? (If "YES", fill in the information below.)  Yes  No  
 Department: \_\_\_\_\_ Subdivision: \_\_\_\_\_
5. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? (Applicants who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer "Yes".) Refer to the Instructions for further information. If "Yes" to Question #5, give details in the Explanations section.  Yes  No
6. In addition to English, list any other languages you:
  - a. possess verbal fluency in \_\_\_\_\_
  - b. possess written fluency in \_\_\_\_\_
7. I certify I can type at a speed of \_\_\_\_\_ words per minute. (For typing applicants only.)

**(ANSWER QUESTIONS 8 AND 9 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.)**

8. Do you meet the minimum and/or maximum age requirements?  Yes  No
9. Do you possess a valid California Driver License? (If "YES", fill in the information below.)  Yes  No  
 License # \_\_\_\_\_ Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**EXPLANATIONS**

**CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, this application may be rejected.**

*I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.*

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY**

<b>Classes</b>	01	02	03	04	05	06				<b>Flags</b> _____	<b>FOR PERSONNEL USE ONLY</b>	
WC for Series/Levels									WC _____	STATUS <input type="checkbox"/> Accepted <input type="checkbox"/> REJECTED WC		
RC/Flag for Series/Levels										EXPERIENCE		LICENSE REQUIREMENT
CODES										EDUCATION		OTHER
											STAFF	DATE PROCESSED

**EXAMINATION / EMPLOYMENT APPLICATION**

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APPLICANT'S NAME *(Last)**(First)**(M.I.)*

EASY ID

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**EDUCATION**

DID YOU GRADUATE FROM HIGH SCHOOL?

IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?

IF NOT, ENTER THE HIGHEST GRADE YOU COMPLETED

Yes

No

Yes

No

UNIVERSITY OR COLLEGE—NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED SEMESTER	UNITS COMPLETED QUARTER	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED

**LICENSES – LIST APPLICABLE LICENSES AND CERTIFICATES INDICATED IN THE EXAMINATION BULLETIN.***(If you are an attorney, please indicate the date you were admitted to the Bar under the Issue Date column, if stated on the examination bulletin.)*

LICENSE / CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION

**EMPLOYMENT HISTORY— Begin with your most recent job. List each job separately.**

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YY)	TO (MM/DD/YY)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

**EXAMINATION / EMPLOYMENT APPLICATION**

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APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID --
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**EMPLOYMENT HISTORY (Continued)**

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

**EXAMINATION / EMPLOYMENT APPLICATION**

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APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID --
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**EMPLOYMENT HISTORY (Continued)**

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	JOB TITLE/CLASSIFICATION (Include Range or Level, if applicable)	SUPERVISOR NAME
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	SUPERVISOR PHONE NUMBER
SALARY EARNED	PER	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

**EXAMINATION / EMPLOYMENT APPLICATION**

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**EQUAL EMPLOYMENT OPPORTUNITY**  
*(For Examination Use Only)*

**APPLICANT:** To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the California Department of Human Resources to retain this information for research and statistical purposes.

SOCIAL SECURITY NUMBER	AGE <input type="checkbox"/> Under 21 <sup>(1)</sup> <input type="checkbox"/> 21 - 39 <sup>(3)</sup> <input type="checkbox"/> 40-69 <sup>(6)</sup> <input type="checkbox"/> 70 and Over <sup>(7)</sup>	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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PLEASE CHECK ONE OF THE BOXES THAT BEST DESCRIBES YOUR RACE/ETHNICITY HERITAGE:

**ASIAN GROUP**

- Asian Indian <sup>(M)</sup>
- Cambodian <sup>(U)</sup>
- Chinese <sup>(J)</sup>
- Filipino <sup>(G)</sup>
- Japanese <sup>(I)</sup>
- Korean <sup>(K)</sup>
- Laotian <sup>(V)</sup>
- Vietnamese <sup>(L)</sup>
- Other Asian Group <sup>(S)</sup>

**HISPANIC GROUP**

- Cuban <sup>(C)</sup>
- Mexican/Mexican American <sup>(A)</sup>
- Puerto Rican <sup>(B)</sup>
- Other Hispanic/Latino Groups <sup>(D)</sup>

**PACIFIC ISLANDER GROUP**

- Guamanian or Chamorro <sup>(R)</sup>
- Hawaiian <sup>(P)</sup>
- Samoan <sup>(O)</sup>
- Other Pacific Islander Group <sup>(T)</sup>

**OTHER GROUPS**

- Aleut <sup>(O)</sup>
- American Indian/Native American <sup>(H)</sup>
- Black/African American <sup>(F)</sup>
- Eskimo <sup>(N)</sup>
- White <sup>(E)</sup>
- Other Racial Group <sup>(X)</sup>
- Choose not to Identify <sup>(Z)</sup>

- DISABILITY** <sup>(Y)</sup>—A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.
- MILITARY**—A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

## TRAINING AND EXPERIENCE EXAMINATION INFORMATION

The California Air Resources Board (ARB) **Air Resources Field Representative II** examination is being given as **DEPARTMENTAL OPEN** examination. The examination consists solely of a Training and Experience Examination.

This examination is designed to elicit a range of specific information regarding each candidate's knowledge, skills, abilities, experience, education, training, and potential to effectively perform the duties relative to the classification. Candidates are responsible for reading all the material provided in the Training and Experience Application Package prior to completing the examination.

**NOTE: Failure to complete the examination accurately will result in elimination from this examination.**

Candidates that misrepresent his/her knowledge, skills, abilities, experience, education, and/or training (subject to verification) will result in adverse consequences which could include any or all of the following:

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

The Final Filing Date for this examination is **AUGUST 9, 2016**.

If sent by mail, Training and Experience Application Packages must be **POSTMARKED** no later than the Final Filing Date. If personally delivered or sent via inter-agency mail, Training and Experience Examination Packages **must be received by the Examination Unit by 5:00 pm (close-of-business) on the Final Filing Date**. Training and Experience Examination Packages postmarked, personally delivered, or received via interagency mail after the Final Filing Date will not be accepted for any reason.

Training and Experience Application Packages should be submitted:

**By Mail**  
**AIR RESOURCES BOARD**  
Examination & Recruitment Unit  
Attention: Shalini Pandey  
P.O. Box 2815  
Sacramento, CA 95812

**In-Person**  
**AIR RESOURCES BOARD**  
Examination & Recruitment Unit  
Attention: Shalini Pandey  
1001 I Street, 20<sup>th</sup> Floor, Room #20-34  
Sacramento, CA 95814

**FAXED AND EMAILED COPIES WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES!**

**NOTE:** Both the "Statement of Understanding for Candidates" on Page iii and the standard State application (STD.678) **MUST** contain candidate's **ORIGINAL SIGNATURE**.

If successful in the examination, your name will be placed on the respective departmental eligible list for a period of 12 months.

If you have any questions regarding the **Air Resources Field Representative II** examination, please contact **Shalini Pandey** at (916) 445-5076 or [shalini.pandey@arb.ca.gov](mailto:shalini.pandey@arb.ca.gov).



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## IMPORTANT INFORMATION FOR CANDIDATES

- It is important to fill out the Training and Experience Examination Package in a clear, legible and concise manner.

**FOR EXAMPLE:** Proper Marks ■

## CANDIDATE INSTRUCTIONS

- **ALL** candidates **MUST** complete **Sections I and II** of the Training and Experience Questionnaire (Questions 1 - 38).

## STATEMENT OF UNDERSTANDING FOR CANDIDATES

Government Code Section 19680 through 19682 requires that all State civil service examinations be confidential and impartial. As a participant, I hereby certify that I will maintain the confidentiality of this examination and that all the statements I make in this application are true. I understand that my responses are subject to verification at any time; and, if I misrepresent myself (knowledge, skills, abilities, work experience and/or education), this is cause for any applicable adverse consequences (e.g., removal from the examination process; removal from the certification list; loss of State employment; and/or loss of rights to compete in any future State examinations).

I understand that I am fully responsible for reading/comprehending all information and instructions provided in this Training and Experience Examination Package [e.g., examination information, candidate instructions, State application (STD. 678), Training and Experience Examination Questionnaire]. Further, I understand that if this questionnaire is not completed correctly, it will not be processed and therefore will result in an automatic disqualification from this examination process. Please complete the following items after you have read the standards stated above.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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## EXAMINATION/EMPLOYMENT INFORMATION

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

SSN #: \_\_\_\_\_

EXAM TITLE: Air Resources Field Representative II

**For Office Use Only**

Candidate I.D. #

**PLEASE FILL IN THE TYPE OF APPOINTMENT YOU WILL ACCEPT:**

PERMANENT or TEMPORARY (A) – Full-Time, Part-Time, and/or Intermittent

PERMANENT (D) – Full-Time Only

**PLEASE FILL IN THE LOCATION(S) WHERE YOU ARE WILLING TO WORK:**

Sacramento  
(3400)

El Monte (*Los Angeles County*)  
(1900)

Both Sacramento and El Monte  
(3400 + 1900)

**NOTE:** If you are successful in the examination(s), your name will be placed on (an) active employment list and certified to fill vacancies according to the conditions you specify on this form. Please notify the **Air Resources Board Examination Unit** at (916) 445-5076 promptly of any change in your availability for employment.

**CHANGE OF ADDRESS:**

If your current address or phone number will be changing in the next **60 days**, please indicate your **NEW** address:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**NOTE:** Please notify the **Air Resources Board Examination Unit** at (916) 445-5076 promptly of any change in your address.

# Training and Experience Questionnaire

## SECTION I – TASKS AIR RESOURCES FIELD REPRESENTATIVE II

<p><b><u>DIRECTIONS:</u></b> For items #1 - #15, refer to the scale description below. Please rate your level of work experience and/or education performing these tasks by placing an “X” in the appropriate box. Work experience can be measured using <u>paid and/or voluntary</u> work time. Education can be measured using formal schooling or training classes. When determining level of work experience/education, be sure to use the <u>elapsed calendar time</u> performing each specific task (e.g., if you inspected vehicles for 2 hours a day for 12 months, you would get credit for 1 year of work).</p> <p><b><u>Level of Experience/Education:</u></b></p> <ul style="list-style-type: none"> <li>• 1 year or more work experience/education performing this task.</li> <li>• 6 months to less than 1 year work experience/education performing this task.</li> <li>• 1 month to less than 6 months work experience/education performing this task.</li> <li>• No work experience/education or less than 1 month performing this task.</li> </ul>		Level of Experience/Education			
		1 year or more	6 months to less than 1 year	1 month to less than 6 months	None or less than 1 month
1.	Selecting and setting-up inspection sites at various locations (e.g., roadside, weigh scales, ports, rest areas).				
2.	Conducting automotive emission compliance inspections (e.g., check for labels, all parts are present, engine add-ons, emission related modifications) of various vehicles (e.g., fleet operations, vehicle dealers, individual owners).				
3.	Conducting emission and/or mechanical inspections of on-road vehicles, off-road vehicles, marine vessels, non-vehicular goods, emission related parts at retail locations.				
4.	Reporting emission violations to appropriate governmental agencies/entities.				
5.	Issuing citations to owners/operators of non-compliant on-road/off-road vehicles or equipment.				
6.	Inspecting vehicles for which citations have been issued.				
7.	Inspecting vehicles for fraud and/or evidence of emission system tampering.				
8.	Conducting specialized investigations/research regarding automotive emissions.				
9.	Preparing inspection reports and follow-up summaries.				
10.	Distributing and/or presenting technical and/or educational documentation/information to members of industry and/or the general public.				
11.	Attending various training courses to enhance knowledge of job-related functions and/or meet mandated requirements.				
12.	Participating in meetings (in person or via telephone) to give/receive information to/from supervisors.				

**SECTION I – TASKS**  
**AIR RESOURCES FIELD REPRESENTATIVE II**

**DIRECTIONS:**

For items #1 - #15, refer to the scale description below. Please rate your level of work experience and/or education performing these tasks by placing an “X” in the appropriate box. Work experience can be measured using paid and/or voluntary work time. Education can be measured using formal schooling or training classes. When determining level of work experience/education, be sure to use the elapsed calendar time performing each specific task (e.g., if you inspected vehicles for 2 hours a day for 12 months, you would get credit for 1 year of work).

**Level of Experience/Education:**

- 1 year or more work experience/education performing this task.
- 6 months to less than 1 year work experience/education performing this task.
- 1 month to less than 6 months work experience/education performing this task.
- No work experience/education or less than 1 month performing this task.

**Level of Experience/Education**

		1 year or more	6 months to less than 1 year	1 month to less than 6 months	None or less than 1 month
13.	Conducting investigations of warranty complaints.				
14.	Maintaining and servicing a company and/or government issued vehicle.				
15.	Maintaining a company and/or government vehicle mileage log to record trips taken.				

**PROCEED TO SECTION II.**



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**SECTION II – KNOWLEDGE, SKILLS, AND ABILITIES  
AIR RESOURCES FIELD REPRESENTATIVE II**

<b>DIRECTIONS:</b> For items #16 - #38, refer to the scale description below. Please rate your level of knowledge, skill, or ability by placing an “X” in the box that best describes your level of knowledge, skill or ability in each of the following areas.  <b>Level of Knowledge/Skill/Ability:</b> <ul style="list-style-type: none"> <li>• Significant level of knowledge, skill, or ability.</li> <li>• Moderate level of knowledge, skill, or ability.</li> <li>• Limited level of knowledge, skill, or ability.</li> <li>• No knowledge, skill, or ability.</li> </ul>		Level of Knowledge/Skill/Ability			
		Significant	Moderate	Limited	None
16.	Knowledge of emission laws, rules and regulations.				
17.	Knowledge of internal combustion engines to ensure compliance with emission laws and regulations.				
18.	Knowledge of overall automotive systems and equipment.				
19.	Knowledge of emission control systems/technologies to ensure all applicable parts are present and in compliance.				
20.	Knowledge of general automotive tools and testing equipment to effectively and efficiently inspect on-road and/or off-road vehicles/equipment.				
21.	Knowledge of computer software applications.				
22.	Knowledge of chain-of-custody, confidentiality, and security regarding sensitive information and/or samples.				
23.	Knowledge of the automotive and trucking industries to apply applicable emission regulations to the respective industries.				
24.	Skill to climb on, under, or through equipment (e.g., automobiles, trucks, locomotives, buses, trailers, off-road equipment) to conduct inspections and/or testing.				
25.	Skill to operate testing equipment and general automotive tools to conduct inspections and/or tests.				
26.	Ability to work independently to complete projects and assignments without direct supervision.				
27.	Ability to work with a partner or on a team to complete work assignments.				
28.	Ability to work with the public and maintain professionalism.				
29.	Ability to recognize hostile situations or conditions to minimize negative outcomes.				
30.	Ability to listen and understand the needs and/or complaints of the general public.				

**SECTION II – KNOWLEDGE, SKILLS, AND ABILITIES  
AIR RESOURCES FIELD REPRESENTATIVE II**

<b>DIRECTIONS:</b> For items #16 - #38, refer to the scale description below. Please rate your level of knowledge, skill, or ability by placing an "X" in the box that best describes your level of knowledge, skill or ability in each of the following areas.  <b>Level of Knowledge/Skill/Ability:</b> <ul style="list-style-type: none"> <li>• Significant level of knowledge, skill, or ability.</li> <li>• Moderate level of knowledge, skill, or ability.</li> <li>• Limited level of knowledge, skill, or ability.</li> <li>• No knowledge, skill, or ability.</li> </ul>		Level of Knowledge/Skill/Ability			
		Significant	Moderate	Limited	None
31.	Ability to follow policies and procedures to complete work assignments and administrative duties.				
32.	Ability to be flexible to changes in priorities, assignments, and other interruptions.				
33.	Ability to research, read and/or interpret technical manuals and/or data to ensure accuracy and effectiveness of work assignments.				
34.	Ability to navigate using Global Positioning System (GPS) and/or hardcopy maps to travel to various locations throughout the state.				
35.	Ability to verbally communicate in a clear, concise, and appropriate manner.				
36.	Ability to travel extensively and be away from the office for extended periods of time to carry out work assignments and duties.				
37.	Ability to work in extreme weather conditions to carry out work assignments and duties.				
38.	Ability to drive for long periods of time to carry out work assignments and duties.				

**THIS CONCLUDES THE EXAMINATION FOR  
AIR RESOURCES FIELD REPRESENTATIVE II.  
PLEASE REFER TO PAGE ii FOR SIGNATURE, DATE, AND FILING INSTRUCTIONS.**



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