



CALIFORNIA AIR RESOURCES BOARD

TRAINING AND EXPERIENCE EXAMINATION AIR RESOURCES SUPERVISOR I

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

Applicant's Name: (Last)		(First)	(Middle Initial)
*Social Security Number:		E-Mail Address:	
Home Phone Number:	Cell Phone Number:	Work Phone Number:	

*This information is needed to process your examination application

▶▶▶▶▶ 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.

TRAINING AND EXPERIENCE EXAMINATION INFORMATION

The California Air Resources Board (CARB) **Air Resources Supervisor I** examination is being given as departmental promotional and on a continuous basis. The examination consists solely of a Training and Experience (T&E) Examination.

The examination is designed to elicit a range of specific information regarding each candidate's knowledge, abilities, experience, education and training necessary to effectively perform the duties relative to the classification. Candidates are responsible for reading all the material provided in the T&E Examination Package prior to completing the examination.

NOTE: Failure to complete the application or examination process thoroughly and accurately will result in elimination from this examination.

Candidates that misrepresent his/her knowledge, 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 cut-off dates for this examination are:

NOVEMBER 30, 2018
JANUARY 31, 2019
APRIL 30, 2019
JULY 31, 2019
OCTOBER 31, 2019

If sent by mail, T&E Examination Packages must be **POSTMARKED** no later than the cut-off date. If personally delivered or sent via inter-agency mail, T&E Examination Packages **must be received by the Examination Unit by 5:00 pm** (close-of-business) on the cut-off date. Any T&E Examination Packages postmarked, personally delivered, or received via interagency mail after the cut-off date will be held until the next administration date. All T&E Examination Packages submitted via facsimile (FAX) machines, or electronically mailed (e-mail) will not be accepted.

The T&E Examination Package must be submitted:

By Mail
CALIFORNIA AIR RESOURCES BOARD
Examination Unit
Attention: Nimra Zafar
P.O. Box 2815
Sacramento, California 95812

In-Person
CALIFORNIA AIR RESOURCES BOARD
Examination Unit
Attention: Nimra Zafar
1001 I Street, 20th Floor, Room #20-34
Sacramento, California 95814

NOTE: The T&E Examination Package MUST contain your ORIGINAL SIGNATURE IN TWO (2) LOCATIONS or your application will be rejected:

1. On the **first page** of the Examination/Employment Application (STD. 678)
2. At the bottom of **page iii** in the box titled, **“STATEMENT OF UNDERSTANDING FOR CANDIDATES”**

If successful in the examination, your name will be placed on the eligibility list for a period of 48 months. Names of all successful candidates are merged onto the respective existing list in order of final scores, regardless of examination date.

If you have any questions regarding the **Air Resources Supervisor I** examination, please contact **Nimra Zafar** at (916) 323-8413 or Nimra.zafar@arb.ca.gov

IMPORTANT INFORMATION FOR CANDIDATES

- It is important to fill out the T&E Examination Package in a clear, legible and concise manner.

FOR EXAMPLE: Proper Mark

MINIMUM QUALIFICATIONS

Air Resources Supervisor I

Either I

One year of experience in the California state service performing air pollution work comparable in level, duties, and responsibilities to a Staff Air Pollution Specialist.

Or II

Two years of experience in the California state service performing air pollution work comparable in level, duties, and responsibilities to an Air Pollution Specialist (Range C) or Air Resources Engineer (Range C or D).

Or III

Experience: Five years of increasingly responsible experience in air pollution monitoring, regulation, research and development, engineering, or a closely related field, at least two years of which were in a position comparable in level, duties, and responsibilities to that of an Air Pollution Specialist (Range C) or Air Resources Engineer (Range C or D) in the California state service. **AND**

Education: Equivalent to graduation from college with a major in the physical, biological, or environmental sciences, mathematics, engineering, or a related field. (Possession of a doctorate degree in any physical, biological, or environmental science, mathematics, engineering, or a related degree may be substituted for two years of general experience; possession of a master's degree in the same fields may be substituted for one year of general experience.)

Desirable Qualification: Possession of a valid certificate of registration as a professional engineer issued by the California State Board of Registration for Professional Engineers.

EXAMINATION/EMPLOYMENT INFORMATION

NAME: _____ DATE: _____

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

For Office Use Only

Candidate I.D. #

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

- Sacramento (3400) El Monte (*Los Angeles County*) (1900) Both Locations (3400 + 1900)

NOTE: If you are successful in the examination, 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 California Air Resources Board Examination Unit at (916) 323-8413 or Nimra.Zafar@arb.ca.gov promptly of any change in your availability for employment.

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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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.) _____			SOCIAL SECURITY NUMBER		
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	PERSONNEL USE ONLY
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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? If "Yes", give details in the Explanations section below. Refer to the instructions for further information. Yes No
6. Have you ever entered into any written agreement with a state agency in which you agreed not to seek or accept subsequent employment with the state or any state agency? Yes No
7. Have you ever entered into any written agreement with a state agency involving an adverse action, rejection on probation, or AWOL termination, in which you agreed not to seek or accept subsequent employment with a particular state agency? Yes No
8. In addition to English, list any other languages you:
 - a. possess verbal fluency in _____
 - b. possess written fluency in _____
9. I certify I can type at a speed of _____ words per minute. (For typing applicants only.)

(ANSWER QUESTIONS 10 AND 11 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED.)

10. Do you meet the minimum and/or maximum age requirements? _____ Yes No
11. 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

Classes	01	02	03	04	05	06				Flags _____	FOR PERSONNEL USE ONLY	
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

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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 No Longer Required	PER No Longer Required	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 No Longer Required	PER No Longer Required	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 No Longer Required	PER No Longer Required	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 No Longer Required	PER No Longer Required	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 No Longer Required	PER No Longer Required	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 No Longer Required	PER No Longer Required	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 No Longer Required	PER No Longer Required	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 No Longer Required	PER No Longer Required	ADDRESS	

DUTIES PERFORMED

REASON FOR LEAVING

EXAMINATION / EMPLOYMENT APPLICATION

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INSTRUCTIONS

Read the following instructions carefully before completing this application. Please complete the application on a personal computer or print in ink. All questions **must** be answered completely and accurately, except as noted. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility and/or may be the basis for arriving at your final rating in an examination. During the course of an examination, you may be requested to provide additional information regarding your qualifications, your preference regarding work location, shifts, etc.

Easy ID – Filling out this section is no longer required and will be removed in a future version of this application.

Social Security Number – Providing this is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). However, if the Social Security number is not provided, the department administering this examination will be unable to process your application for purposes of granting Veteran's Preference, Career Credits, written test waivers, or to check for eligibility in promotional examinations and job positions.

Telephone Number – Provide your 10-digit home, mobile, or work telephone number. You may also provide a Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

Examination(s) or Job Title(s) – Fill in the exact title of the examination from the examination bulletin. Promotional examinations are only available to those who currently meet the criteria to apply on a promotional basis (i.e., state employee, veteran, legislative employee, etc.). If applying for a job position, enter the class title of the job position for which you are applying.

Question 2 – Reasonable accommodation will be provided to applicants who need assistance to take an interview or written test. If you check "Yes" you will be contacted via telephone or mail to make specific arrangements.

Question 5 – Employment History/Discharges. Question 5 must be answered by all applicants. You must answer "Yes" if you have ever, because of poor performance or misconduct, been fired, dismissed, or terminated from a job, or had an employment contract terminated. 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." Explain any "Yes" answers in the Explanations section. Briefly describe the facts, findings, any action taken against you, and the circumstances under which you left the position.

In completing this application, you do not need to answer "Yes" to Question 5 if:

- you have been rejected during a probationary period; or
- your employer withdrew the firing, dismissal, termination, or contract termination (either voluntarily or as part of a settlement); or
- a court or administrative agency overturned or revoked the firing, dismissal, termination, or contract termination.

If asked about past employment history by a prospective employer during the hiring process or probationary period,

applicants are required to tell the truth regarding any firing, dismissal, termination, contract termination or rejection during probationary period, whether or not the action was overturned, revoked, or withdrawn (either voluntarily by the employer or, as part of a settlement agreement). Applicants are also required to provide factually correct information on the Employment History section of the application.

Question 6 – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer "Yes" to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within California state civil service, where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with the state or *any* state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University.

Question 7 – Must be answered by all applicants. Government Code section 18720.45 requires applicants for state employment to disclose on their application form whether they have entered into any agreement(s) with the state in which the applicant agreed to refrain from seeking or accepting any subsequent employment with the state. You must answer "yes" to this question if you have ever entered into a written agreement with any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, involving an adverse action, rejection on probation, or AWOL termination where one of the terms of the agreement provided that you agreed not to seek or accept subsequent employment with a *particular* state agency. A state agency includes any department, agency, commission, board, state employer, or other governmental unit within the California state civil service, but does not include the California State University. If you answer "Yes" to this question, please provide the name of the particular agency and the details in the Explanations section.

Questions 10 and 11 – These questions should be answered only if the examination bulletin indicates a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.

EXAMINATION / EMPLOYMENT APPLICATION

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Explanations – Use this section to explain the details of any response that requires additional information. Be thorough, and attach additional sheet(s) if needed.

Applicant's Signature – Your signature and the date signed is required. If the hard copy application is not signed, it may be rejected. Electronic submission of your application through Cal Career Account certifies your application in place of a signature and date signed.

Education – You must include a complete record of your training and educational background. Please read the requirements section of the examination bulletin carefully for any special educational requirements. If more space is needed, you may attach additional documentation.

Licenses – If the examination bulletin requires a specific license, professional certificate, or membership in a professional organization, list the full name of the license, certificate or organization, the license number, and the official expiration date of the document or membership.

Employment History and Experience – You must include a complete list of your paid and/or volunteer work experience **that relates to the qualification requirements specified on examination bulletin**. List all relevant jobs, during the past 10 years, regardless of duration, including part-time and military service. You should also list volunteer experience and jobs held more than ten years ago if they directly relate to the job for

which you are applying. **State employees must list the specific departments for which they worked and indicate the specific civil service class title(s) held.**

Equal Employment Opportunity Page – Providing this information is voluntary. This data is only to be used for statistical purposes in evaluating the extent to which the state is complying with state and federal equal employment opportunity and non-discrimination requirements.

Examinations Granting Veterans' Preference – If you have not previously applied and been approved for Veterans' Preference, you must complete and submit the Veterans' Preference Form, CALHR-1093 to the California Department of Human Resources.

NOTE: Your completed application and other examination related information submitted to the department administering this examination becomes confidential information and the property of the State of California as provided by Government Code section 18934. This application and other confidential information **will not be returned**; therefore, it is recommended that you keep a copy of your completed application for your personal records. Your rights to inspect your examination papers are set forth in Section 186-189 of Title 2 of the California Code of Regulations, which can be accessed at Office of Administrative Law web site at: oal.ca.gov

**PLEASE ENTER YOUR NAME ON PAGES WHERE INDICATED
AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING.**

TRAINING AND EXPERIENCE QUESTIONNAIRE

SECTION I – WORK EXPERIENCE/EDUCATION ASSESSMENT AIR RESOURCES SUPERVISOR I

<p>DIRECTIONS: For items #1 - #15, refer to the scale description below. Please rate your level of work experience and/or education by placing an “X” in the appropriate box.</p> <p>Level of Experience/Education:</p> <ul style="list-style-type: none"> • Extensive Experience/Education: Over 5 years work experience/education performing this task. • Moderate Experience/Education: 2 years up to 5 years work experience/education performing this task. • Basic Experience/Education: 1 year up to 2 years work experience/education performing this task. • Minimal Experience/Education: 1 year or less work experience/education performing this task. • No Experience/Education: I do not have any work experience/education performing this task. 		Level of Experience/Education				
		Extensive	Moderate	Basic	Minimal	No Experience/Education
1.	Perform, complete, and review work to ensure comprehensiveness and accuracy.					
2.	Track progress of multiple projects to ensure timeliness of completion.					
3.	Evaluating the effectiveness of programs to ensure compliance with applicable local, State and/or federal laws, rules, regulations, policies and/or guidelines.					
4.	Review workload to ensure projects are completed appropriately.					
5.	Assist in setting work priorities and timelines based on program needs to ensure timely completion of assignments.					
6.	Keep management up to date on activities, priorities, technical and/or stakeholder issues to provide information and receive feedback.					
7.	Review and edit memos, letters, reports, presentations, web-based material, and other written forms of communication to ensure accuracy, completeness, and appropriateness of content.					
8.	Oversee testing, collection, storage, maintenance, interpretation, and/or analysis of accurate and representative data to ensure quality, credibility and/or enforceability of CARB programs.					
9.	Coordinate work activities with CARB sections and divisions, legal entities, industry, and/or local, State and federal agencies to facilitate CARB programs.					
10.	Work with other internal and/or external stakeholders to share information or processes to improve programs.					

**SECTION I – WORK EXPERIENCE/EDUCATION ASSESSMENT
AIR RESOURCES SUPERVISOR I**

		Level of Experience/Education				
		Extensive	Moderate	Basic	Minimal	No Experience/Education
<p>DIRECTIONS: For items #1 - #15, refer to the scale description below. Please rate your level of work experience and/or education by placing an “X” in the appropriate box.</p> <p>Level of Experience/Education:</p> <ul style="list-style-type: none"> • Extensive Experience/Education: Over 5 years work experience/education performing this task. • Moderate Experience/Education: 2 years up to 5 years work experience/education performing this task. • Basic Experience/Education: 1 year up to 2 years work experience/education performing this task. • Minimal Experience/Education: 1 year or less work experience/education performing this task. • No Experience/Education: I do not have any work experience/education performing this task. 						
11.	Implement and/or enforce regulations and/or policies to improve air quality within the State of California.					
12.	Utilize reference material (e.g., CARB guidelines, Standard Operating Procedures, California Health and Safety Code, Code of Federal Regulations) to ensure work performed is in compliance with applicable local, State and/or federal laws, rules, regulations, policies and/or guidelines.					
13.	Write memos, letters, reports, presentations, web-based material, and other written forms of communication to convey information to peers, supervisors, stakeholders, the Board, and the public.					
14.	Coordinate and/or facilitate meetings between staff and stakeholders to ensure effective communication and successful program implementation.					
15.	Offer technical assistance to and/or consult with peers, managers, stakeholders, other government agencies, and the public to provide information and expertise.					

PROCEED TO SECTION II.

**SECTION II – KNOWLEDGE & ABILITY ASSESSMENT
AIR RESOURCES SUPERVISOR I**

DIRECTIONS: For items #16 - #49, refer to the scale description below. Please rate your level of knowledge or ability by placing an “X” in the box that best describes your level of knowledge or ability in each of the following areas.

Level of Knowledge/Ability:

- **Extensive Knowledge/Ability:**
I possess an expert knowledge/ability level to the extent that I have effectively performed tasks related to this knowledge/ability in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge/ability.
- **Moderate Knowledge/Ability:**
I possess a sufficient knowledge/ability level that has allowed me to perform tasks related to this knowledge/ability successfully and I have applied it to an actual job.
- **Basic Knowledge/Ability:**
I possess some knowledge/ability but may require additional instruction to apply this knowledge/ability effectively.
- **Minimal Knowledge/Ability:**
I possess little knowledge/ability that will allow me to successfully perform a task related to this knowledge/ability, and I will require additional instruction to apply this knowledge/ability.
- **No Knowledge/Ability:**
I possess no knowledge/ability that will allow me to successfully perform a task related to this knowledge/ability.

Level of Knowledge/Ability

		Extensive	Moderate	Basic	Minimal	No Knowledge/Ability
16.	Ability to communicate in a written format to convey information effectively.					
17.	Ability to communicate in a verbal manner to convey information effectively.					
18.	Ability to manage time and resources to meet project deadlines and program objectives.					
19.	Ability to exercise sound judgment to make logical decisions.					
20.	Ability to review and edit technical reports and/or other written material to ensure quality work products.					
21.	Ability to plan, direct, and evaluate technical work to manage program assignments.					
22.	Ability to conduct business in a diplomatic and professional manner to represent CARB's best interest.					
23.	Ability to prepare clear, complete, and technically accurate reports to effectively communicate information.					
24.	Ability to identify, interview and/or hire the most qualified candidates to carry out CARB program objectives.					

**SECTION II – KNOWLEDGE & ABILITY ASSESSMENT
AIR RESOURCES SUPERVISOR I**

DIRECTIONS: For items #16 - #49, refer to the scale description below. Please rate your level of knowledge or ability by placing an “X” in the box that best describes your level of knowledge or ability in each of the following areas.

Level of Knowledge/Ability:

- **Extensive Knowledge/Ability:**
I possess an expert knowledge/ability level to the extent that I have effectively performed tasks related to this knowledge/ability in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge/ability.
- **Moderate Knowledge/Ability:**
I possess a sufficient knowledge/ability level that has allowed me to perform tasks related to this knowledge/ability successfully and I have applied it to an actual job.
- **Basic Knowledge/Ability:**
I possess some knowledge/ability but may require additional instruction to apply this knowledge/ability effectively.
- **Minimal Knowledge/Ability:**
I possess little knowledge/ability that will allow me to successfully perform a task related to this knowledge/ability, and I will require additional instruction to apply this knowledge/ability.
- **No Knowledge/Ability:**
I possess no knowledge/ability that will allow me to successfully perform a task related to this knowledge/ability.

		Level of Knowledge/Ability				
		Extensive	Moderate	Basic	Minimal	No Knowledge/Ability
25.	Knowledge of engineering, physics, chemistry, economics, mathematics, statistics, health science, environmental science, natural sciences, or meteorology, as related to air quality and climate science to understand, evaluate, carry out, and promote air quality programs.					
26.	Ability to adapt to a changing work environment to ensure program assignments are completed.					
27.	Ability to prioritize assignments to meet critical goals and objectives.					
28.	Ability to interpret quantitative or qualitative data to extract key information and make valid inferences.					
29.	Knowledge of CARB’s purpose and priorities to carry out and manage program activities.					
30.	Ability to engage in active listening to better understand another person’s point of view.					
31.	Ability to lead and motivate staff to promote morale and productivity.					
32.	Knowledge of computer productivity tools (e.g. Microsoft Office Suite) to create, read, edit, review, calculate and/or analyze documents/spreadsheets/databases.					
33.	Ability to accurately assess time and resources to convey realistic capabilities to upper management.					

**SECTION II – KNOWLEDGE & ABILITY ASSESSMENT
AIR RESOURCES SUPERVISOR I**

DIRECTIONS: For items #16 - #49, refer to the scale description below. Please rate your level of knowledge or ability by placing an “X” in the box that best describes your level of knowledge or ability in each of the following areas.

Level of Knowledge/Ability:

- **Extensive Knowledge/Ability:**
I possess an expert knowledge/ability level to the extent that I have effectively performed tasks related to this knowledge/ability in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge/ability.
- **Moderate Knowledge/Ability:**
I possess a sufficient knowledge/ability level that has allowed me to perform tasks related to this knowledge/ability successfully and I have applied it to an actual job.
- **Basic Knowledge/Ability:**
I possess some knowledge/ability but may require additional instruction to apply this knowledge/ability effectively.
- **Minimal Knowledge/Ability:**
I possess little knowledge/ability that will allow me to successfully perform a task related to this knowledge/ability, and I will require additional instruction to apply this knowledge/ability.
- **No Knowledge/Ability:**
I possess no knowledge/ability that will allow me to successfully perform a task related to this knowledge/ability.

Level of Knowledge/Ability

		Extensive	Moderate	Basic	Minimal	No Knowledge/Ability
34.	Ability to resolve staff conflicts to provide a positive and safe working environment.					
35.	Ability to give honest and accurate feedback to staff to improve performance and work assignments.					
36.	Ability to recognize adverse situations to minimize negative outcomes.					
37.	Ability to apply scientific methods and principles to accurately evaluate and interpret data.					
38.	Ability to coordinate and communicate work activities with internal and external stakeholders to ensure success of CARB programs.					
39.	Knowledge of project management to complete work assignments.					
40.	Ability to collect and analyze data to reach conclusions and make recommendations.					
41.	Ability to mentor staff to promote career advancement within CARB.					
42.	Ability to handle stressful situations and long hours to carry out workload.					

**SECTION II – KNOWLEDGE & ABILITY ASSESSMENT
AIR RESOURCES SUPERVISOR I**

DIRECTIONS: For items #16 - #49, refer to the scale description below. Please rate your level of knowledge or ability by placing an “X” in the box that best describes your level of knowledge or ability in each of the following areas.

Level of Knowledge/Ability:

- **Extensive Knowledge/Ability:**
I possess an expert knowledge/ability level to the extent that I have effectively performed tasks related to this knowledge/ability in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge/ability.
- **Moderate Knowledge/Ability:**
I possess a sufficient knowledge/ability level that has allowed me to perform tasks related to this knowledge/ability successfully and I have applied it to an actual job.
- **Basic Knowledge/Ability:**
I possess some knowledge/ability but may require additional instruction to apply this knowledge/ability effectively.
- **Minimal Knowledge/Ability:**
I possess little knowledge/ability that will allow me to successfully perform a task related to this knowledge/ability, and I will require additional instruction to apply this knowledge/ability.
- **No Knowledge/Ability:**
I possess no knowledge/ability that will allow me to successfully perform a task related to this knowledge/ability.

		Level of Knowledge/Ability				
		Extensive	Moderate	Basic	Minimal	No Knowledge/Ability
43.	Knowledge of personnel management concepts (e.g., team building, problem solving, and training) to provide effective leadership and promote a cooperative working environment.					
44.	Knowledge of research, scientific, and/or test methods to ensure the integrity and validity of data.					
45.	Ability to conduct meetings effectively to achieve objectives and promote a forum for open communication.					
46.	Knowledge of CARB's administrative policies (e.g., Sexual Harassment Prevention, Violence in the Workplace, and Health and Safety) to promote and ensure compliance.					
47.	Ability to deliver oral presentations to audiences with varying levels of understanding to convey program or other related information.					
48.	Ability to relate specific programs to CARB's and California's broader goals to achieve CARB's mission.					
49.	Knowledge of the effects of mobile and stationary source emissions on the atmosphere to assess air quality.					

END OF EXAMINATION.