



# CALIFORNIA AIR RESOURCES BOARD

## TRAINING AND EXPERIENCE EXAMINATION

### AIR RESOURCES SUPERVISOR II

**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 II** 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: LaTrice Jones  
P.O. Box 2815  
Sacramento, California 95812

**In-Person**  
**CALIFORNIA AIR RESOURCES BOARD**  
Examination Unit  
Attention: LaTrice Jones  
1001 I Street, 20<sup>th</sup> 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 II** examination, please contact **La Trice Jones** at (916) 327-3515 or [latrice.jones@arb.ca.gov](mailto:latrice.jones@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 II

#### Either I

Two years of experience in the California state service performing air pollution work comparable in level, duties, and responsibilities to an Air Resources Supervisor I.

#### Or II

**Experience:** Five years of increasingly responsible experience in positions performing air pollution monitoring, regulation, research and development, engineering, or a closely related field. At least two years of the required experience shall have been supervisory and comparable in level, duties, and responsibilities to an Air Resources Supervisor I 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) 327-3515 or [latrice.jones@arb.ca.gov](mailto:latrice.jones@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: \_\_\_\_\_

**EXAMINATION / EMPLOYMENT APPLICATION**

STD. 678 (REV. 12/2017) Page 1

**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>
---	---------------------------

**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**

<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**

STD. 678 (REV. 12/2017) Page 2

APPLICANT'S NAME (Last)

(First)

(M.I.)

EASY ID

--

**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**

STD. 678 (REV. 12/2017) Page 3

APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID --
-------------------------	---------	--------	---------------

**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**

STD. 678 (REV. 12/2017) Page 4

APPLICANT'S NAME (Last)	(First)	(M.I.)	EASY ID --
-------------------------	---------	--------	---------------

**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**

STD. 678 (REV. 12/2017) Page 6

**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**

STD. 678 (REV. 12/2017) Page 7

**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](http://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 II

<p><b>DIRECTIONS:</b> For items #1 - #26, 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><b>Level of Experience/Education:</b></p> <ul style="list-style-type: none"> <li>• <b>Extensive Experience/Education:</b> Over 5 years work experience/education performing this task.</li> <li>• <b>Moderate Experience/Education:</b> 3 years up to 5 years work experience/education performing this task.</li> <li>• <b>Basic Experience/Education:</b> 2 years up to 3 years work experience/education performing this task.</li> <li>• <b>Minimal Experience/Education:</b> Less than 2 years of work experience/education performing this task.</li> <li>• <b>No Experience/Education:</b> I do not have any work experience/education performing this task.</li> </ul>		Level of Experience/Education				
		Extensive	Moderate	Basic	Minimal	No Experience/Education
1.	Implement and manage programs to ensure compliance with State and/or federal laws, rules, regulations, policies and/or guidelines.					
2.	Ensure all communications reflect Board and Division policies and meet quality expectations to ensure appropriate information is presented.					
3.	Provide technical guidance and assistance to staff to direct program activities.					
4.	Provide oversight and verify progress of multiple projects to ensure timeliness, accuracy, and quality.					
5.	Review and edit written documents and presentations from staff to ensure quality of information provided.					
6.	Provide information to Division Chief or Assistant Division Chief on branch activities, priorities, and/or technical issues to receive feedback.					
7.	Set work priorities for subordinate managers based on program needs to ensure timely completion of important assignments.					
8.	Seek input from upper management to aid in making important program decisions.					
9.	Develop and/or implement regulations, programs, requirements, and/or guidelines to improve air quality within the State of California.					
10.	Plan and design programs to ensure compliance with State and/or federal laws, rules, regulations, policies and/or guidelines.					
11.	Respond to crises and manage program resources to resolve issues or problems.					

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

<p><b>DIRECTIONS:</b> For items #1 - #26, 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><b>Level of Experience/Education:</b></p> <ul style="list-style-type: none"> <li>• <b>Extensive Experience/Education:</b> Over 5 years work experience/education performing this task.</li> <li>• <b>Moderate Experience/Education:</b> 3 years up to 5 years work experience/education performing this task.</li> <li>• <b>Basic Experience/Education:</b> 2 years up to 3 years work experience/education performing this task.</li> <li>• <b>Minimal Experience/Education:</b> Less than 2 years of work experience/education performing this task.</li> <li>• <b>No Experience/Education:</b> I do not have any work experience/education performing this task.</li> </ul>		Level of Experience/Education				
		Extensive	Moderate	Basic	Minimal	No Experience/Education
12.	Mentor staff to provide guidance and promote career development.					
13.	Conduct staff meetings to convey information, receive feedback, and maintain quality and consistency of work.					
14.	Guide staff to resolve technical and program issues to ensure program activities are carried out effectively and efficiently.					
15.	Respond to inquiries from internal and external stakeholders to communicate information about CARB programs.					
16.	Ensure staff has needed resources to complete assignments.					
17.	Review and approve administrative requests (e.g., procurement) to provide needed resources.					
18.	Monitor program areas to address/resolve issues as needed.					
19.	Evaluate the effectiveness of programs and modify them as needed to ensure efficiency and compliance with State and/or federal laws, rules, regulations, policies and/or guidelines.					
20.	Ensure program activities are effectively coordinated to assure operational efficiency.					
21.	Identify and facilitate communication with internal and external stakeholders to share information and collaborate on projects and programs.					
22.	Present information to the Executive Office, the Board, and/or upper management to answer questions, resolve issues, or provide updates.					
23.	Evaluate staff resources and capabilities to plan projects and assignments.					

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

		Level of Experience/Education				
		Extensive	Moderate	Basic	Minimal	No Experience/Education
<p><b>DIRECTIONS:</b> For items #1 - #26, 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><b>Level of Experience/Education:</b></p> <ul style="list-style-type: none"> <li>• <b>Extensive Experience/Education:</b> Over 5 years work experience/education performing this task.</li> <li>• <b>Moderate Experience/Education:</b> 3 years up to 5 years work experience/education performing this task.</li> <li>• <b>Basic Experience/Education:</b> 2 years up to 3 years work experience/education performing this task.</li> <li>• <b>Minimal Experience/Education:</b> Less than 2 years of work experience/education performing this task.</li> <li>• <b>No Experience/Education:</b> I do not have any work experience/education performing this task.</li> </ul>						
24.	Ensure that established policies and procedures are implemented to achieve program objectives.					
25.	Promote team building/morale to create a positive and productive work environment.					
26.	Identify key areas of department interest and develop and implement short-term and long-term objectives and goals to meet CARB needs.					

**PROCEED TO SECTION II.**

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

**DIRECTIONS:** For items #27 - #61, 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**

		<b>Extensive</b>	<b>Moderate</b>	<b>Basic</b>	<b>Minimal</b>	<b>No Knowledge/Ability</b>
27.	Ability to analyze situations, make decisions, and recommend/take an effective course of action to handle situations appropriately.					
28.	Ability to communicate effectively in a verbal manner to convey information effectively.					
29.	Ability to communicate effectively in a written format to convey information effectively.					
30.	Ability to lead and motivate staff to promote morale and productivity.					
31.	Ability to plan, direct, and evaluate the work of staff to manage program assignments.					
32.	Ability to conduct business in a diplomatic and professional manner to represent CARB's best interests.					
33.	Ability to identify, interview and/or hire the most qualified candidates to carry out CARB program objectives.					
34.	Ability to review and edit technical reports and/or other written material to ensure quality work products.					
35.	Ability to give honest and accurate feedback to staff to improve performance and work assignments.					

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

**DIRECTIONS:** For items #27 - #61, 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**

		<b>Extensive</b>	<b>Moderate</b>	<b>Basic</b>	<b>Minimal</b>	<b>No Knowledge/Ability</b>
36.	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 programs.					
37.	Ability to develop, interpret, and implement policies and procedures to improve CARB programs and regulations.					
38.	Ability to manage and prioritize resources effectively for multiple programs to meet project deadlines and program objectives.					
39.	Ability to facilitate the resolution of staff conflicts to provide a positive and safe working environment.					
40.	Ability to negotiate effectively to resolve matters involving differing opinions and viewpoints.					
41.	Ability to engage in active listening to understand another person’s point of view.					
42.	Ability to ensure confidentiality and security regarding sensitive information to ensure information remains secure.					
43.	Ability to coordinate and communicate work activities with internal and external stakeholders to ensure success of CARB programs.					
44.	Ability to handle stressful situations and long hours to carry out section workload.					



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

**DIRECTIONS:** For items #27 - #61, 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
45.	Ability to adapt to a changing work environment to ensure program assignments are completed.					
46.	Ability to conduct meetings effectively to achieve objectives and promote a forum for open communication.					
47.	Knowledge of personnel management concepts (e.g., team building, problem solving, and training) to provide effective leadership and promote a cooperative working environment.					
48.	Ability to recognize and manage hostile situations to minimize negative outcomes.					
49.	Knowledge of project management to complete work assignments.					
50.	Knowledge of state supervisory principles and procedures to manage staff within a section.					
51.	Knowledge of local, State, Federal, or international laws, rules, regulations, guidance, or standards applicable to CARB's programs to ensure requirements are met.					
52.	Knowledge of CARB's administrative policies (e.g., Sexual Harassment Prevention, Violence in the Workplace, and Health and Safety) to promote and ensure compliance.					
53.	Ability to relate specific programs to CARB's and California's broader goals to achieve CARB's mission.					



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

**DIRECTIONS:** For items #27 - #61, 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**

		<b>Extensive</b>	<b>Moderate</b>	<b>Basic</b>	<b>Minimal</b>	<b>No Knowledge/Ability</b>
54.	Knowledge of the regulatory development process to understand how to develop, obtain approval and implement proposed regulations.					
55.	Knowledge of confidentiality and security protocols to ensure the protection of sensitive information and/or material.					
56.	Ability to deliver oral presentations to audiences with varying levels of understanding to convey program or other related information.					
57.	Knowledge of CARB’s Equal Employment Opportunity (EEO) Program to ensure equality in the workplace.					
58.	Knowledge of research, scientific, and/or test methods to ensure the integrity and validity of data.					
59.	Knowledge of the chemical and physical characteristics of air emissions to identify sources, evaluate impacts, and design programs.					
60.	Knowledge of computer productivity tools (e.g. Microsoft Office Suite) to create, read, edit, review, calculate and/or analyze documents/spreadsheets/databases.					
61.	Knowledge of CARB’s progressive disciplinary process to ensure staff perform appropriately and follow established laws, rules, policies, and/or regulations.					

**END OF EXAMINATION.**