



STATE OF CALIFORNIA
CALIFORNIA AIR RESOURCES BOARD

TRAINING AND EXPERIENCE EXAMINATION

AIR RESOURCES SUPERVISOR I
AIR RESOURCES SUPERVISOR 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 #	

Which Examination(s) Are You Applying For?

- Air Resources Supervisor I
- Air Resources Supervisor II
- Air Resources Supervisor I **AND** Air Resources Supervisor II

▶▶▶▶▶ 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)

TRAINING AND EXPERIENCE EXAMINATION INFORMATION

The California Air Resources Board (ARB) **Air Resources Supervisor I** and **Air Resources Supervisor II** examinations are being given as Departmental Promotional examinations on a continuous basis. Both examinations consist solely of a Training and Experience Examination.

These examinations are designed to elicit a range of specific information regarding each candidate's knowledge, 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 Examination Package prior to completing the examination(s). Candidates **MUST** complete the appropriate section(s) applicable to the examination(s) for which they are testing.

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

Candidates that misrepresent their 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

SPECIAL NOTE: The Cut-Off Date for these examinations is December 23, 2016.

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

Training and Experience Examination Packages must be submitted:

By Mail
AIR RESOURCES BOARD
Examination & Recruitment Unit
Attention: La Trice Jones
P.O. Box 2815
Sacramento, CA 95812

In-Person
AIR RESOURCES BOARD
Examination & Recruitment Unit
Attention: La Trice Jones
1001 I Street, 20th Floor, Room #20-34
Sacramento, CA 95814

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

NOTE: The Training and Experience Examination Package MUST contain candidate's 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 iv** in the box titled, "**STATEMENT OF UNDERSTANDING FOR CANDIDATES**"

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

If you have any questions regarding the **Air Resources Supervisor I** or **Air Resources Supervisor II** examinations, please contact La Trice Jones at (916) 327-3515 or LaTrice.Jones@arb.ca.gov



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IMPORTANT INFORMATION FOR CANDIDATES

- **CROSS-FILING INFORMATION:** If you meet the entrance requirements for Air Resources Supervisor I **AND** Air Resources Supervisor II, you may file for both examinations on a single application. However, you must list **BOTH** examination titles on the Examination/Employment Application (STD.678).
- 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

- Candidates competing in the Air Resources Supervisor I examination **ONLY:**
Complete **Sections I and II** of the Training and Experience Examination Questionnaire (Questions 1 - 21)
- Candidates competing in the Air Resources Supervisor II examination **ONLY:**
Complete **Sections I through IV** of the Training and Experience Examination Questionnaire (Questions 1 - 44)
- Candidates competing in **BOTH** the Air Resources Supervisor I **AND** Air Resources Supervisor II examinations:
Complete **Sections I through IV** of the Training and Experience Examination Questionnaire (Questions 1 - 44)

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.

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.



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EXAMINATION/EMPLOYMENT INFORMATION

INSTRUCTIONS: If you are successful in the examination(s), your name will be placed on (an) active employment list(s) and certified to fill vacancies according to the conditions you specify on this form. Please notify the **Air Resources Board Examination Unit** at (916) 327-3515 or LaTrice.Jones@arb.ca.gov promptly of any change in your employment preferences.

NAME: _____ DATE: _____

SSN #: _____

EXAM TITLE: Air Resources Supervisor I Air Resources Supervisor II Both Examinations

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 Sacramento and El Monte
(3400 + 1900)

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, Examination/Employment 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 examination(s) after you have read the standards stated above, and signed and dated below.

CANDIDATE SIGNATURE: _____ DATE: _____

EXAMINATION/EMPLOYMENT APPLICATION

STD. 678 (REV. 6/2010) Page 2

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		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED
		SEMESTER	QUARTER		

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 (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		ADDRESS	
\$	PER		
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		ADDRESS	
\$	PER		
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		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

EXAMINATION/EMPLOYMENT APPLICATION

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

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		ADDRESS	
\$	PER		
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		ADDRESS	
\$	PER		
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		ADDRESS	
\$	PER		
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 State Personnel Board to retain this information for research and statistical purposes.

APPLICANT IDENTIFICATION NUMBER (EASY ID)				EASY ID			
FIRST 3 LETTERS OF LAST NAME AT BIRTH	<input type="text"/>	MONTH OF BIRTH	<input type="text"/>	DAY OF BIRTH	<input type="text"/>	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	<input type="text"/>
AGE						GENDER	
<input type="checkbox"/> (1) UNDER 21	<input type="checkbox"/> (3) 21 - 39	<input type="checkbox"/> (6) 40 - 69	<input type="checkbox"/> (7) 70 AND OVER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE		

Ethnic Category (Please check the box that best describes your race/ethnicity.):

(7) **AMERICAN INDIAN OR ALASKAN NATIVE**—Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
 ENTER TRIBAL IDENTIFICATION OR AFFILIATION _____

(2) **ASIAN**—Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.

(1) **BLACK**—Persons having origins in any of the black racial groups of Africa.

(8) **FILIPINO**—Persons having origins in any of the original peoples of the Philippine Islands.

(4) **HISPANIC**—Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

(6) **PACIFIC ISLANDERS**—Persons having origins in the Pacific Islands, such as Samoa.

(5) **WHITE**—Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Check if:

(3) **OTHER** (Specify) _____

(Y) **DISABLED**—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.

How did you learn of this Examination?

<input type="checkbox"/> TELEPHONE JOB LINE	<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> INTERNET
<input type="checkbox"/> ADVERTISEMENT IN _____	<input type="checkbox"/> EXAMINATION BULLETIN LOCATED AT _____	

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

EXAMINATION/EMPLOYMENT APPLICATION**INSTRUCTIONS**

Read the following instructions carefully before completing this Application. Please complete the Application on a typewriter or 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 - You are required to provide the following tracking information on the application. The first three letters of your last name at birth, the month and day of your birth and the last four digits of your social security number. If you have already established an Easy ID in the online system and it is different, please provide that Easy ID.

Social Security Number - Providing this is voluntary in accordance with the Privacy Act of 1974 (PS 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 points, Career Credits, written test waivers, or to check for eligibility in promotional examinations.

Home/VRS/TTY Number - Provide your 10-digit home telephone, Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

Examination Title/Job Title - 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., civil service employee, veteran, legislative employee, etc.). If applying for a vacant position, enter the class title of the position/vacancy 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. Explain any "Yes" answers in the Explanations section. Include the facts in brief, the grounds for 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, however, 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.

Questions 8 and 9 - These questions should be answered only if the examination bulletin indicates (a) a minimum or maximum age requirement for eligibility; and/or (b) a California Driver License requirement.

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

Signature - Your signature and the date signed is required. If the Application is not signed, it may be rejected.

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, attach additional sheet(s).

Licenses - If the examination bulletin calls for 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.

Experience - You must include a complete list of your paid and/or volunteer work experience **which relates to the qualification requirements specified on the 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 relate directly 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.**

Examinations Granting Veteran's Preference Points - If you have not previously applied for and been approved Veteran's Points, you must apply for the points by completing and submitting the Application for Veteran's Preference Form SPB-1093 to the State Personnel Board.

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, we recommend that you keep a copy of your completed Application for your personal records. Your rights to inspect your examination papers are set forth in Sections 186-189 of Title 2 of the California Code of Regulations, which can be accessed on the State Personnel Board's website at www.spb.ca.gov.

PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 4 AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING!

Training and Experience Questionnaire

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

<p>DIRECTIONS: For items #1 - #10, 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. 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 edited reports for 2 hours a day for 12 months, you would get credit for 1 year of work).</p> <p>Level of Experience/Education:</p> <ul style="list-style-type: none"> • 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
1.	Evaluating the effectiveness of programs to ensure efficiency and compliance with applicable local, State and/or federal laws, rules, regulations, policies and/or guidelines.				
2.	Developing and/or amending regulations and/or policies to improve air quality within the State of California.				
3.	Implementing and/or enforcing regulations and/or policies to improve air quality within the State of California.				
4.	Developing and implementing short-term and long-term goals to provide guidance and meet Air Resources Board (ARB) objectives.				
5.	Working with other internal and/or external stakeholders to share information or processes to improve programs and seek input on new proposals.				
6.	Attending, coordinating, and/or facilitating meetings between staff and stakeholders to ensure effective communication and successful program implementation.				
7.	Responding to inquiries and/or referrals from legislative offices, legal bodies, government agencies, special interest groups, industry, and/or the general public to provide information relating to ARB programs.				
8.	Presenting program information to audiences with varying levels of understanding (e.g., workgroups, conferences, outreach) to communicate information.				
9.	Writing memos, letters, reports, presentations, web-based material, and/or other written forms of communication to convey information to peers, supervisors, stakeholders, the Board, and the public.				
10.	Reviewing and editing memos, letters, reports, presentations, web-based material, and/or other written forms of communication to ensure accuracy, completeness, and appropriateness of content.				

ALL CANDIDATES PROCEED TO SECTION II.

SECTION II – KNOWLEDGE/ABILITY ASSESSMENT
AIR RESOURCES SUPERVISOR I and AIR RESOURCES SUPERVISOR II

DIRECTIONS: For items #11 - #21, refer to the scale description below. Please rate your level of knowledge/ability by placing an “X” in the box that best describes your level of knowledge/ability in each of the following areas. Level of Knowledge/Ability: <ul style="list-style-type: none"> • Significant level of knowledge/ability. • Moderate level of knowledge/ability. • Limited level of knowledge/ability. • No knowledge or ability. 		Level of Knowledge/Ability			
		Significant	Moderate	Limited	None
11.	Knowledge of local, State, and federal air quality and/or emission control laws, rules, regulations, standards and/or test procedures to ensure program requirements are met.				
12.	Knowledge of the effects of emissions and/or emission control technologies to develop, implement, and/or enforce ARB regulations and programs.				
13.	Knowledge of the organizational structure of ARB to better understand programs and facilitate communication with colleagues.				
14.	Ability to collect and/or analyze data to reach conclusions and make recommendations.				
15.	Ability to make sound decisions and take/recommend an effective course of action to handle situations appropriately.				
16.	Ability to communicate in a verbal manner to convey information effectively to non-technical decision makers.				
17.	Ability to review and edit technical reports and/or other written material to ensure quality work products and effectively communicate analyses and recommendations.				
18.	Ability to conduct meetings effectively to achieve objectives and promote a forum for open communication.				
19.	Ability to negotiate effectively to resolve matters involving differing opinions and viewpoints.				
20.	Ability to conduct business in a diplomatic and professional manner to represent ARB's best interests.				
21.	Ability to accurately assess time and resources to convey realistic capabilities to upper management.				

**THIS CONCLUDES THE EXAMINATION FOR AIR RESOURCES SUPERVISOR I.
PLEASE REFER TO PAGE ii FOR FILING INSTRUCTIONS.**

**ONLY PROCEED TO SECTION III AND IV IF YOU HAVE ALSO APPLIED FOR THE
AIR RESOURCES SUPERVISOR II EXAMINATION.**

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

DIRECTIONS: For items #22 - #35, 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. 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 edited reports for 2 hours a day for 12 months, you would get credit for 1 year of work). Level of Experience/Education: <ul style="list-style-type: none"> • 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
22.	Overseeing, planning, designing, and/or implementing programs to ensure compliance with applicable local, State and/or federal laws, rules, regulations, policies and/or guidelines.				
23.	Reviewing completed staff work to ensure comprehensiveness and accuracy.				
24.	Setting work priorities and timelines for staff based on program needs to ensure timely completion of assignments.				
25.	Coordinating work activities with ARB sections and divisions, legal entities, industry, and/or local, State and federal agencies to facilitate ARB programs.				
26.	Identifying program areas in need of attention to address/resolve issues and ensure efficiency.				
27.	Overseeing testing, collection, storage, maintenance, interpretation, and/or analysis of accurate and representative data to ensure quality, credibility and/or enforceability of ARB programs.				
28.	Anticipating future needs to proactively determine appropriate actions.				
29.	Procuring and/or provide needed resources for staff to aid them in completing their work.				
30.	Determining staff strengths and weaknesses to achieve the best results when assigning projects.				
31.	Determining and/or providing training for staff to ensure requirements are met and knowledge and proficiency is increased.				
32.	Promoting team building/morale and/or acknowledging staff accomplishments to create a positive and productive unit.				
33.	Conducting the hiring process according to Department of Personnel Administration and California Department of Human Resources protocol to create and/or fill vacant positions.				
34.	Discussing Performance Appraisal Summaries with staff to provide feedback regarding their performance, accomplishments, and areas for improvement.				
35.	Following the Progressive Discipline process when disciplining employees to ensure they perform appropriately and follow established laws, rules, policies, and/or regulations.				

AIR RESOURCES SUPERVISOR II CANDIDATES PROCEED TO SECTION IV.

**SECTION IV – KNOWLEDGE/ABILITY ASSESSMENT
AIR RESOURCES SUPERVISOR II ONLY**

DIRECTIONS: For items #36 - #44, refer to the scale description below. Please rate your level of knowledge/ability by placing an "X" in the box that best describes your level of knowledge/ability in each of the following areas. Level of Knowledge/Ability: <ul style="list-style-type: none"> • Significant level of knowledge/ability. • Moderate level of knowledge/ability. • Limited level of knowledge/ability. • No knowledge or ability. 		Level of Knowledge/Ability			
		Significant	Moderate	Limited	None
36.	Knowledge of ARB's administrative policies (e.g., Sexual Harassment Prevention, Violence in the Workplace, Equal Employment Opportunity) to promote and ensure compliance.				
37.	Knowledge of personnel management concepts (e.g., team building, problem solving, training) to provide effective leadership and promote a cooperative working environment.				
38.	Knowledge of ARB's progressive discipline process to ensure staff perform appropriately and follow established laws, rules, policies, and/or regulations.				
39.	Knowledge of State supervisory principles and procedures to manage staff within a section.				
40.	Ability to plan, direct, and evaluate the work of staff to manage program assignments.				
41.	Ability to manage staff and resources to meet project deadlines and program objectives.				
42.	Ability to resolve staff conflicts to provide a positive and safe working environment.				
43.	Ability to give honest and accurate feedback to staff to improve performance and work assignments.				
44.	Ability to identify, interview and hire the most qualified candidates to carry out ARB program objectives.				

**THIS CONCLUDES THE EXAMINATION FOR AIR RESOURCES SUPERVISOR II.
PLEASE REFER TO PAGE ii FOR FILING INSTRUCTIONS.**



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

