



STATE OF CALIFORNIA
CALIFORNIA AIR RESOURCES BOARD

TRAINING AND EXPERIENCE EXAMINATION

AIR RESOURCES TECHNICIAN I
AIR RESOURCES TECHNICIAN II

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

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

*This information is needed to process your examination application

Which Examination(s) are You Applying For? *(Please check only one box)*

- Air Resources Technician I
- Air Resources Technician II
- Air Resources Technician I and Air Resources Technician 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)

EXAMINATION AND/OR EMPLOYMENT APPLICATION

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'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number)	(Street)	E-MAIL ADDRESS	WORK TELEPHONE NUMBER
(City)	(County)	(State)	(Zip Code)
EXAMINATION(S) OR JOB TITLE(S) FOR WHICH YOU ARE APPLYING			HOME TELEPHONE NUMBER

PERSONNEL USE ONLY

FOR SPOT EXAMINATIONS, ENTER THE LOCATION WHERE YOU WISH TO WORK _____

ANSWER THE FOLLOWING QUESTIONS: (Answer questions 8, 9, 10, and/or 11 only if the examination indicates they are required.)

1. Enter the county in which you would like to take the examination if different from the county of your residence: _____
 2. Do you need reasonable accommodation to take an interview or written test? YES NO
 3. Do your religious beliefs prevent you from taking an examination on Saturday? YES NO
 4. Are you now employed by the State of California? (If "YES", fill in the information below.) YES NO
 Department: _____ Subdivision: _____
 5. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? (Applicants who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn [unilaterally or as part of a settlement agreement] or revoked need not answer "Yes".) Refer to the Instructions for further information. If "Yes" to Question #5, give details in Item #12. YES NO
 6. In addition to English, list any other languages you:
 - a. possess verbal fluency in _____
 - b. possess written fluency in _____
 7. I certify I can type at a speed of _____ words per minute. (For typing applicants only.)
- (Answer Questions 8, 9, 10, and/or 11 ONLY if the examination indicates they are required.)**
8. Do you meet the minimum and/or maximum age requirements? YES NO
 9. Do you possess a valid California Driver License? (If "YES", fill in the information below.) YES NO
 License# _____ Class: _____ Restrictions: _____
 10. Have you ever been convicted by any court of a misdemeanor crime of domestic violence? YES NO
 11. Have you ever been convicted by any court of a felony? YES NO

12. 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
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APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY

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

**EXAMINATION AND/OR
EMPLOYMENT APPLICATION**

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APPLICANT'S NAME <i>(Last)</i>	<i>(First)</i>	<i>(M.I.)</i>	SOCIAL SECURITY NUMBER
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13. 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		

**14. LIST BELOW VALID LICENSES, CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, OR MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS
CALLED FOR IN THIS EXAMINATION ANNOUNCEMENT. (If you are an attorney, please include first Bar date with license information if the examination announcement requires it.)**

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

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

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

REASON FOR LEAVING

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

REASON FOR LEAVING

**EXAMINATION AND/OR
EMPLOYMENT APPLICATION**

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APPLICANT'S NAME <i>(Last)</i>	<i>(First)</i>	<i>(M.I.)</i>	SOCIAL SECURITY NUMBER
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15. EMPLOYMENT HISTORY *(Continued)*

FROM <i>(M/D/Y)</i>	TO <i>(M/D/Y)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

FROM <i>(M/D/Y)</i>	TO <i>(M/D/Y)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

FROM <i>(M/D/Y)</i>	TO <i>(M/D/Y)</i>	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable)</i>	
HOURS PER WEEK	TOTAL WORKED <i>(Years/Months)</i>	COMPANY/STATE AGENCY NAME	SUPERVISOR
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			

REASON FOR LEAVING

**EXAMINATION AND/OR
EMPLOYMENT APPLICATION**

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APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
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15. EMPLOYMENT HISTORY (Continued)

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

REASON FOR LEAVING

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

REASON FOR LEAVING

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

REASON FOR LEAVING

**EXAMINATION AND/OR
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.

SOCIAL SECURITY NUMBER _____

AGE

 (1) UNDER 21 (3) 21 - 39 (6) 40 - 69 (7) 70 AND OVER

GENDER

 MALE 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?
 TELEPHONE JOB LINE

 WORD OF MOUTH

 INTERNET

 ADVERTISEMENT IN _____

 EXAMINATION BULLETIN LOCATED AT _____
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

**EXAMINATION AND/OR
EMPLOYMENT APPLICATION**

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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., and health/medical background.

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.

Examination Title—Fill in the exact title of the examination from the examination bulletin. Only civil service employees who meet the definition of a promotional candidate may file for promotional examinations. All others must file for open examinations.

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 Item 12. 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 (Item No. 15).

Questions 8 through 11—These questions should be answered only if the examination bulletin indicates (a) a minimum or maximum age requirement for eligibility; (b) a California Driver License requirement; or (c) the examination is for a peace officer classification. You should review the examination bulletin carefully for details and the circumstances under which you may answer "No" to Items 10 or 11.

12. Explanations—Use this space 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.

13. 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).

14. 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.

15. 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 regardless of duration, including part-time and military service, during the last ten years. 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.**

If Veteran's Preference Points are being granted in this examination and you qualify, you must apply before the scheduled examination on Application for Veteran's Preference Form SPB-1093.

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 EXAMINATION INFORMATION

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

This 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 Training and Experience Application Package prior to completing the examination. Candidates **MUST** complete the appropriate section(s) applicable to the examination(s) for which they are testing.

NOTE: Failure to complete this application 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

The Cut-Off Date for this examination is **FEBRUARY 17, 2015**

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 inter-agency 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 Application Packages must be submitted:

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

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

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

NOTE: The Statement of Understanding for Candidates on (Page iii) and the standard Examination/Employment Application (STD.678) **MUST** contain candidate's **ORIGINAL SIGNATURE** or your application will be **rejected**.

If you have any questions regarding the **Air Resources Technician I** or **Air Resources Technician II** examinations, please contact **Laura Ford** at (916) 324-9238 or laura.ford@arb.ca.gov.



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IMPORTANT INFORMATION FOR CANDIDATES

- If you meet the entrance requirements for the Air Resources Technician I and the Air Resources Technician II you may file for both examinations on a single Training and Experience Examination Package. However, you must list the examination title of BOTH examinations 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 Technician I examination ONLY:
Complete **Sections I and II** of the Training and Experience Examination Questionnaire (Questions 1 - 32)
- Candidates competing in the Air Resources Technician II examination ONLY:
Complete **Sections I through IV** of the Training and Experience Examination Questionnaire (Questions 1 - 46)
- Candidates competing in BOTH the Air Resources Technician I **AND** Air Resources Technician II examinations:
Complete **Sections I through IV** of the Training and Experience Examination Questionnaire (Questions 1 - 46)

MINIMUM QUALIFICATIONS

Air Resources Technician I:

Ability to read and write at a level necessary to perform job duties; perform routine calculations; to follow written and oral directions.

Air Resources Technician II:

Either I

One year of experience in the California state service performing the duties of an Air Resources Technician I, Range B.

Or II

Experience: Three years of paraprofessional air pollution or vehicle emissions control experience.

Or III

Education: Completion of three years of full-time college with course work in mathematics, physical and/or natural sciences; or trade school education in electronics, auto mechanics or related fields.

NOTE: Candidates qualifying under Pattern III of the Air Resources Technician II **must** provide educational transcripts or other verification of completed course work or they will be **rejected**.



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EXAMINATION/EMPLOYMENT INFORMATION

NAME: _____ DATE: _____

EXAM TITLE: Air Resources Technician I Air Resources Technician II Both

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)

NOTE: 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 916-324-9238 or laura.ford@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, 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.

CANDIDATE SIGNATURE: _____ DATE: _____

SECTION I – TASKS
AIR RESOURCES TECHNICIAN I and AIR RESOURCES TECHNICIAN II

DIRECTIONS:

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

Level of Experience/Education:

- **Extensive Experience/Education:** Over 3 years work experience/education performing this task.
- **Moderate Experience/Education:** Over 2 years up to 3 years work experience/education performing this task.
- **Basic Experience/Education:** Over 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.	Performing routine calculations to assist professional staff with program activities.					
2.	Compiling and distributing public outreach materials and responding to requests for technical information related to air quality programs.					
3.	Assisting program staff with research and preparation for meetings with industry and other air quality professionals.					
4.	Assisting program staff with the presentation and discussion of air quality information with industry and other air quality professionals.					
5.	Assisting professional staff in performing activities that support air quality programs.					
6.	Inputting technical or scientific data into databases used for air quality program activities.					
7.	Researching information using various resources (e.g., internet, databases) to provide data for programs.					
8.	Providing technical support to air quality programs to ensure program activities are carried out.					
9.	Responding to phone inquiries from the public and providing information about air quality programs.					
10.	Serving as liaison for air quality programs to facilitate communication.					

SECTION I – TASKS
AIR RESOURCES TECHNICIAN I and AIR RESOURCES TECHNICIAN II

DIRECTIONS:

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

Level of Experience/Education:

- **Extensive Experience/Education:** Over 3 years work experience/education performing this task.
- **Moderate Experience/Education:** Over 2 years up to 3 years work experience/education performing this task.
- **Basic Experience/Education:** Over 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
11.	Assisting in preparing summaries of technical regulations or reports.					
12.	Creating and editing presentation materials used for public meetings and workshops.					
13.	Assisting in gathering variety of data for air quality programs.					
14.	Drafting formal and informal documents (e.g., correspondence, technical memos, executive orders, letters, etc.) to staff, management, and stakeholders.					
15.	Conducting technical literature searches to gather information for air quality programs.					

PROCEED TO SECTION II.

SECTION II – KNOWLEDGE AND ABILITIES
AIR RESOURCES TECHNICIAN I and AIR RESOURCES TECHNICIAN II

DIRECTIONS:

For items #16 - #32, 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.	Knowledge of arithmetic functions to solve mathematical problems.					
17.	Knowledge of proper spelling, grammar, and English composition to read and write documents.					
18.	Ability to make satisfactory progress in a prescribed practical work-training program to ensure work can be properly performed.					
19.	Ability to learn job-related training and information quickly and efficiently to ensure work can be properly performed.					
20.	Ability to follow directions to ensure work can be properly performed.					
21.	Ability to communicate effectively and establish cooperative relationships with other staff and stakeholders to ensure proper communication.					
22.	Ability to acquire acceptable work habits such as punctuality, skill, neatness, and dependability.					
23.	Ability to use a personal computer to write correspondence, conduct research, and create and edit documents.					
24.	Ability to communicate verbally to convey information effectively.					
25.	Knowledge of arithmetic functions to solve mathematical problems.					

SECTION II – KNOWLEDGE AND ABILITIES
AIR RESOURCES TECHNICIAN I and AIR RESOURCES TECHNICIAN II

DIRECTIONS:

For items #16 - #32, 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
26.	Ability to communicate in writing to convey information effectively.					
27.	Ability to provide information to stakeholders and the public via the telephone to answer inquiries.					
28.	Ability to take notes during meetings to document conversations.					
29.	Ability to use Microsoft Office Suite (e.g., Excel, Word, Outlook, Power Point, Access) to create and edit documents, spreadsheets, correspondence, presentations, and databases.					
30.	Ability to act professionally in a variety of work-related situations.					
31.	Ability to provide good customer service to ensure the public and stakeholders are treated properly.					
32.	Ability to manage time effectively and ensure work is completed by deadlines.					

THIS CONCLUDES THE EXAMINATION FOR AIR RESOURCES TECHNICIAN I.
PLEASE REFER TO PAGE i FOR FILING INSTRUCTIONS.

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

**SECTION III – TASKS
AIR RESOURCES TECHNICIAN II ONLY**

DIRECTIONS:

For items #33 - #40, refer to the scale description below. Please rate your level of work experience and/or education performing these tasks by placing an "X" in the appropriate box. Work experience can be measured using paid and/or voluntary work time. When determining level of work experience/education, be sure to use the elapsed calendar time performing each specific task (e.g., if you wrote reports for 2 hours a day for 12 months, you would get credit for 1 year of work).

Level of Experience/Education:

- **Extensive Experience/Education:** More than 3 years work experience/education performing this task.
- **Moderate Experience/Education:** Over 2 years up to 3 years work experience/education performing this task.
- **Basic Experience/Education:** Over 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
33.	Organizing and analyzing a variety of data used in air quality programs.					
34.	Assisting in the enforcement of air quality regulations (e.g., investigating complaints, analyzing test data, inspecting documentation/products/emissions parts).					
35.	Assisting in writing local, State, and federal air quality regulations that improve air quality in the State of California.					
36.	Assisting in the collection of test samples used to support air quality programs.					
37.	Gathering data from air monitoring studies and emissions sources to provide information for air quality programs.					
38.	Proofreading and editing technical reports to ensure proper grammar, spelling, and sentence structure.					
39.	Attending program, branch, and/or division informational meetings to collect and disseminate information.					
40.	Assist in the interpretation of air quality data to support professional staff.					

PROCEED TO SECTION IV.

**SECTION IV – KNOWLEDGE AND ABILITIES
AIR RESOURCES TECHNICIAN II ONLY**

DIRECTIONS:

For items #41 - #46, 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
41.	Knowledge of basic statistical and mathematical computational techniques to analyze arithmetic problems.					
42.	Knowledge of emission sources to apply to program assignments.					
43.	Knowledge of federal, State, and local air quality regulations to apply to program assignments or provide information to stakeholders.					
44.	Ability to analyze situations accurately and adopt an effective course of action to solve complex problems.					
45.	Ability to gather, compute, and analyze scientific data to provide information for Air Resources Board programs.					
46.	Ability to understand complex regulatory language.					

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