



Collision Damage Appraisal

Career Competition

Career Cluster: Transportation, Distribution and Logistics

State Qualifying Event: Yes

National Contest: Yes

Participation: Individual

Competition Description

To evaluate each competitor's preparation for employment and to recognize outstanding students for excellence and professionalism in the field of Collision Damage Appraisal

Tasks To Be Evaluated

The competition includes a series of workstations to assess skills in the following areas: Live CCC based Estimate, Virtual CCC based Estimate and Written-ASE Test. The competitors will also participate in an interview.

Clothing Requirement

National Requirement:

Class D: Competition Specific: Blue Attire

- Official SkillsUSA light blue work shirt
- Navy pants
- Black, brown, or tan leather work safety shoes (with protective toe cap).

State Requirement:

National Requirement OR

- Light blue work shirt
- Work pants of any kind are acceptable dress (no jeans)
- Black, brown, or tan leather work safety shoes (with protective toe cap).
- Any embroidered names or school patches must be covered if applicable.

Additional Information

Resume and Application (attached) must be turned in during the Orientation Meeting that will be immediately after the Opening Ceremony Thursday evening.

Provided by Competitor

- Resume & Application

Provided by Technical Committee

- CCC Loaded Tablets to perform Damage Appraisal

Competition Times

Arrival - 7:30 am

Session 1 - 8:00 – 9:30

Session 2 - 9:35 – 11:05

Lunch - 11:05 – 11:35

Session 3 - 11:35 – 1:05 pm

Debrief - 1:20 – 1:40 pm

SkillsUSA Illinois Employment Application

Personal Information

Name: _____ Date: _____
Last First

Address: _____

Home Phone # _____ Cell Phone # _____

Position desired _____ Salary desired \$ _____

How many hours can you work weekly? Date you can start. _____

Education

Name and Location of School		Years Attended	Date Grad.
High School			
College			
Vocational/Technical			

Technical Clinics Attended: Manufacturers, I-Car, ASE, etc.

Subject	Place/City	Date

(over)

Employment Experience

* List below your last two employers, starting with the most recent one first.

Date, Month, and Year	Name, Address and Phone # of Company (including Supervisor's Name)	Position	Salary	Reason for Leaving
Started: Ended:				
Started: _____ Ended: _____				

Are you currently employed? _____

May we contact your employer? _____

How many years of experience do you have in the Collision Repair Industry? _____

Do you have a valid driver's license? _____

Do you want your application and resume handed to prospective employers? __Initial__

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of fact is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without previous notice.

Applicant Signature: Date:

(Office Use Only) Remarks:
