U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB C	Revised	08/2023 mber: 30	)46-0049		
				TION A													
		SECT	FION B	B – EMF	LOYE	R IDEN											
OFS COMPANY ID M589713						E	MCOF	LOYER N R GROU	JP INC								
ADDRESS								ITY/TOV				STATE		ZIP CO			
301 MERRITT SEVEN								ORWA				CT 06851					
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	<u>ARTE</u>	<u>RS OR</u>	ESTAR						<b>ΤΙΟΝ</b> (i Γ-LEVEL							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	ORESS				С	ITY/TOV	WN			STATE ZIP CODE					
	SECTI	ON D -	- EMPI	LOYER	IDEN1		TION	NUMBE	ER (EIN	D							
X YES (Employer Is Eligible	SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																
SEC	CTION			L CON				TION (	if applic	able)							
Unique Entity ID (UEI): CAGE 7B9J0																	
YES (Single-Establishment Employer is Federal Contractor) XES (Multi-Establishment Employer is Federal Contractor)																	
<ul> <li>YES (Headquarters is Federal Contractor)</li> <li>YES (Non-Headquarters Establishment is Federal Contractor)</li> <li>YES (One or More Non-Headquarters Establishments is Federal Contractor)</li> </ul>																	
SECTION G – NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices																	
	SE	CTIO	N H – V	VORKE	ORCE	DEMO	GRAP	HIC DA	TA								
		_	1					Ethnicit	-	-							
		Hispanic Not Hispanic or Latino Or Latino Male Female										-					
	0										1						
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total		
5						-											
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	21 226	3 45	504 1725	4 76	6 26	0 6	2 23	3 28	51 237	2 26	3 14	1	1	1 8	602 2444		
Professionals	184	57	1699	63	78	10	5	30	339	30	34	3	2	6	2540		
Technicians Sales Workers	189 24	4 5	732 354	68 4	29 5	6 2	1	18 5	20 35	4	2	0	0	0	1073 441		
Administrative Support Workers	105	281	348	65	27	6	3	16	1274	206	54	2	13	32	2432		
Craft Workers	5214	166	13860	1637	303	86	190	412	277	42	4	2	12	41	22246		
Operatives Laborers and Helpers	220 373	15 61	758 760	151 219	7 14	2 10	22 31	40 25	25 100	8 27	0	0	3	0	1251 1628		
Service Workers	41	74	119	58	0	1	1	1	100	36	0	1	1	1	353		
CURRENT 2023 REPORTING YEAR TOTAL	6597	711	20859	2345	495	129	281	578	2377	381	113	10	40	94	35010		
PRIOR 2022 REPORTING YEAR TOTAL	5105	547	19873	2147	442	134	285	497	2271	370	83	22	32	54	31862		
	2	SECTIO	ONI-	WORK 12/25/2		E SNAP 2/29/20		PERIO	D								
SECTION J Not Applicable	– HEA	DQUAI	RTERS	OR ES	TABLI	SHME	NT-LE	VEL CO	OMME	NTS (op	tional)						

U.S. EQUAL E 2023 EMPLOY	OMB C	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026				
		RTIFICATION OF SUBMISSIO	N			
	EMPLOYER	DENTIFICATION				
OFS COMPANY ID M589713		EMPLOYER NAME EMCOR GROUP INC.				
ADDR	ESS	CITY/TOWN	STATE	ZIP CODE		
301 MERRITT SE	VEN, 6TH FLOOR	NORWALK	СТ	06851		
	CERTIFICATION	COMMENTS (optional)				
and was prepa	<b>CERTIFICATI</b> luding any workforce demographic d ured in conformity with the directions <b>fully false statements on this repor</b>	s set forth in the form and accompo	nying instructions			
	DATE OF CH	ERTIFICATION	,			
		59 PM [EST]				
Name of Employer	EMPLOYER'S CEI	RTIFYING OFFICIAL Title of	Certifying Official			
MARGARE	T A. JUDGE	Director, H	uman Resources			
Email Address of	f Certifying Official	Telephone Nur	nber of Certifying Offic	ial		
MJUDGE@I	EMCOR.NET	203	-849-7903			
	MARY POINT OF CONTACT (POC)					
Name of P	Primary POC	Title and Em	ployer of Primary POC uman Resources			
MARGARE	T A. JUDGE		R Group, Inc.			
Email Address	s of Primary POC		Number of Primary POC	4		
MJUDGE@	EMCOR.NET	203	-849-7903			