U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046,0040

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

										Expiration Date: 08/31/2024							
SECTION A - TY						E OF RI	EPORT										
			С	ONSOL	LIDATE	ED REP	ORT										
		SECT	TON B	- ЕМР	LOYE	R IDEN	TIFICA	TION									
OFS COMPANY ID						EMPLOYER NAME											
M589713						EMCOR GROUP INC.											
ADDRESS						CITY/TOWN STATE ZIP CODE											
ADDRESS																	
301 MERRITT SEVEN, 6TH FLOOR							N	ORWA	LK			CI	CT 06851				
SECTION C - H	EADQU	ARTE	RS OR									able)					
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME						
HEADOLIARTERS OR ESTABLISHMI	NT-LEV	/FL ADI	RESS				C	TY/TOV	VN			STATE		ZIP CO	DF		
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS			KLSS	CIT I/TOWN							SIMIL ZII COD			DL			
	SECTI	ON D -	EMPI			NTIFICATION NUMBER (EIN)											
					112125												
	:	SECTION	ON E –	EMPL	OYER	FILING	ELIG	BILIT	Y								
X YES (Employer Is Eligible	to File)	☐ NO	(Emple	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	NGER I	IN BUS	INESS				
SE	CTION	F – FEI	DERAI	CONT	TRACT	OR DE	SIGNA	TION (if annlic	able)							
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): CAGE 7B9J0																	
- • • • • •																	
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)																	
YES (I	Headqua	rters is l	Federal	Contrac	tor)	YES (N	Ion-Hea	dquarter	s Establ	ishment	is Feder	al Contr	ractor)				
		X v	TS (Or	ne or Mo	ore Non	ı-Headqı	arters F	etablich	ments i	s Federa	1 Contr	actor)					
						INFOR			inicitts i	3 T Cacia	ii Contro	uctor)					
	55111	.s 4 - Cori	porate	Subsic	NAICS	nd Regi	ional M	anaging	n Office	25							
	SE	CTION	JH – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA								
			· ·				Race/E										
	Hier	anic								atino							
	Hispanic or Latino		Not Hispanic or Latino Male							Fer	nale						
		1			I	1						1					
						r e	_	ဟ				- e	_	S			
				ᇣ		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	n or e	Two or More Races	_		
JOB CATEGORIES				Black or African American		iai	nerican Indian Alaska Native	Ra		ı i		iai	American Indian Alaska Native	Ra	Row		
JOB ON LEGONIEG	o o	Female	<u>a</u>	g ≰	⊆	S ai	nd at	ā	<u>e</u>	lo l	⊆	S ai	nd Iat	e	Total		
	Male	Ĕ	White	eri e	Asian	, a j	a _	ē	White	P Ck	Asian	Ei a	n l	Į.			
	2	Pe Pe	>	ck or Afric American	Ä	E S	Sk	2	≥	Black or an Amer	ä	a I	ca	~			
				ac		.ĕ ₽	la la	0		E S		ΝĒ	eri	0 0			
				⊞		<u>at</u>	Ē	×		Αŧ		<u>a</u>	E A	×			
						2 g	4	-				~ 5	4	-			
Executive/Senior Level Officials and Managers	16		414	_		<u> </u>	1	2	F4	1	_		4	0	FOE		
First/Mid-Level Officials and Managers	165	5 33	1667	3 85	6 28	10	17	16	51 201	18	10	3	1	4	505 2258		
Professionals	180	55	1575	65	53	13	4	34	318	26	30	4	4	6	2367		
Technicians	117	6	522	37	26	2	2	11	27	7	1	0	0	0	758		
Sales Workers	64	2	502	18	6	3	3	12	34	0	0	1	1	3	649		
Administrative Support Workers	90	242	353	64	29	10	3	11	1206	170	38	9	9	26	2260		
Craft Workers	3861	81	13108	1407	264	84	209	333	241	38	0	3	9	10	19648		
Operatives	208	6 42	769	132	8	5	21	37	42	11	1	1	7	2	1249		
Laborers and Helpers Service Workers	353 51	75	839 124	262 74	21 1	5	23	38	129 22	69 30	0	0	0	1	1785 383		
CURRENT 2022 REPORTING YEAR TOTAL	5105	547	19873	2147	442	134	285	497	2271	370	83	22	32	54	31862		
PRIOR 2021 REPORTING YEAR TOTAL	5069	517	19623	2139	423	89	274	414	2127	338	90	15	29	44	31191		
TRIOR 2021 REPORTING TEAR TOTAL	0000	511	10020	2100	720	55	277	717	2121	550	50	10	20	77	01701		

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/26/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID M589713 ADDRESS ADDRESS ADDRESS ADDRESS CITY/TOWN NORWALK CT 06851

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 12/5/2023 10:08 AM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
MARGARET A. JUDGE	Director, Human Resources						
Email Address of Certifying Official	Telephone Number of Certifying Official						
MJUDGE@EMCOR.NET	203-849-7903						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
MARGARET A. JUDGE	Director, Human Resources						
	EMCOR Group, Inc.						
Email Address of Primary POC	Telephone Number of Primary POC						
MJUDGE@EMCOR.NET	203-849-7903						