

EEO-1
EMPLOYEE SCHEDULE AND OPPORTUNITY CO-EQUALITY (EEOC)
EMPLOYER INFORMATION REPORT (EEO-1 COMPLETION)

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

EEO-1 WORKFORCE DIVERSITY REPORT (EEO-1 CO-PONEN 1)

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

EMPLOYER IDENTIFICATION NUMBER

EMPLOYEE INFORMATION

COMPANY ID

EMPLOYEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

CERTIFICATION COMMENT (optional)

CERTIFICATION STATEMENT

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

Knowingly and willfully falsifying or misrepresenting information in this report is prohibited by law, Title 29, Code of Federal Regulations 1601.

DATE OF CERTIFICATION

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Title of Certifying Official

Email Address of Certifying Official

Telephone Number of Certifying Official

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 CO-PONEN 1 REPORTING

Name of Primary POC

Title and Employer of POC

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