EEOC Standard Form 100 (SF 100)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)								Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026										
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		SECT	TION B	– EMP	LOYE	R IDEN												
OFS COMPANY ID								OYER N										
JP22250								S Eleva										
ADDRESS							CI	TY/TOW	VN			STATE ZIP CODE						
1 Carrier F	lace						FAR	MING	ΓON			CT 06032						
SECTION C - H	EADQU	ARTE	RS OR															
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	SHMENT	Γ-LEVEL	NAME							
HEADQUARTERS OR ESTABLISHM	ENT-LEV	/EL ADI	ORESS				CI	TY/TOW	VΝ			STATE		ZIP CO	DE			
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	;	SECTION	ON E -	EMPL			ELIGI	BILITY	Y									
X YES (Employer Is Eligibl	e to File)	□NO	(Empl	oyer Is N	lot Eligi	ible to F	ile)	EMPL	OYER	NO LO	) LONGER IN BUSINESS							
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)																	
SE.	CIION	Un	ique En	tity ID (	UEI):	G7RPM	R7GT9	P9	паррис	uoic)								
Unique Entity ID (UEI): G7RPMR7GT9P9  ☐ YES (Single-Establishment Employer is Federal Contractor)  ☐ YES (Multi-Establishment Employer is Federal Contractor)																		
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)																		
X YES (One or More Non-Headquarters Establishments is Federal Contractor)																		
SECTION G - NAICS INFORMATION																		
238290 - Other Building Equipment Contractors SECTION H - WORKFORCE DEMOGRAPHIC DATA																		
	SE	CTION	N H – V	VORKE	ORCE													
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				an		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	Two or More Races	Row			
JOB CATEGORIES		ø.		Black or African American	_	aiia Isla	nerican Indian Alaska Native	œ		eri	_	lig Isl	American Indian Alaska Native	8	Total			
	Male	Female	White	ck or Afric American	Asian	aw Hic	L S	0.0	White	Black or an Amer	Asian	aw Hic	E Z	ore	10.0.			
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Executive/Senior Level Officials and Managers	7	1	38	4	10	1	0	0	41	5	8	0	0	0	115			
First/Mid-Level Officials and Managers	57	16	548	28	53	0	7	13	142	21	9	0	0	3	897			
Professionals Tachnicians	56	47	490 62	51	94 5	0	5	8	259	32	37	1	3	7	1090			
Technicians Sales Workers	36 30	33 32	285	20 16	11	0	0	9	56 192	21 18	7	0	1	6 15	246 617			
Administrative Support Workers	6	22	15	9	2	0	0	0	73	19	9	0	0	2	157			
Craft Workers	540	9	5136	234	97	24	30	45	62	26	1	0	3	0	6207			
Operatives	48	9	174	175	4	6	0	8	12	100	0	0	0	4	540			
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
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SECTION I – WORKFORCE SNAPSHOT PERIOD

12/16/2024 - 12/31/2024

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

Not Applicable

**CURRENT 2024 REPORTING YEAR TOTAL** 

PRIOR 2023 REPORTING YEAR TOTAL

		EEOC C+-	- dd E 100 (SE 100)					
U.S. EQUAL EMPLOYMENT OPPORTUI 2024 EMPLOYER INFORMATION REPO	EEOC Standard Form 100 (SF 100)  Revised 08/2023  OMB Control Number: 3046-0049  Expiration Date: 11/30/2026							
SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION								
EMPLOYER IDENTIFICATION								
OFS COMPANY ID  JP22250  EMPLOYER NAME  OTIS Elevator								
ADDRESS	CITY/TOWN	STATE	ZIP CODE					
1 Carrier Place	FARMINGTON	СТ	06032					
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 6/3/2025 8:15 AM LEST]