U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

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

2025 EMILEOTER INFORMATION REFORT (EEO-TCOMI ONENT 1)									Expiration Date: 11/30/2026						
SECTION A – TYPE OF REPORT															
CONSOLIDATED REPORT															
		SECT	TION B	- EMP	LOYE	R IDEN	TIFICA	TION							
OFS COMPANY ID	EMPLOYER NAME														
B401872	ARCBEST CORPORATION														
ADDRESS CITY/TOWN											STATE ZIP CODE				
8401 McClure Drive, PO Box 10048						FORT SMITH						AR 72916			6
				ECTAD	T ICUN	TENT I				CION (;	fannliae	hla)			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
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HEADOUADTEDS OD SSTADIJSHA	HMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE									DE					
HEADQUARTERS OR ESTABLISHI	IMENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIPCOL			DE
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															
710673405 SECTION E – EMPLOYER FILING ELIGIBILITY															
SECTION E − EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): UNAVAILABLE															
YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)															
YES (Headquarters is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
484122 - General Freight Trucking, Long-Distance, Less Than Truckload															
SECTION H - WORKFORCE DEMOGRAPHIC DATA															
			1				Race/E		•						
	Hispanic Not Hispanic or Latino														
	or Latino Male Female														
						- <u>-</u>	_	s				- <u>-</u>	_	G	
				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	American Indian or Alaska Native	Two or More Races	_
JOB CATEGORIES		Φ		Black or African American		ija Isla	dia	Ra		eric		ijal	dia	R	Row Total
	Male	Female	White	ck or Afric American	Asian	ic	l P	ore	White	Black or an Amer	Asian	ic	Na Na	ore	Total
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Executive/Senior Level Officials and Managers	2	1	55	1	0	0	0	0	18	0	0	0	0	0	77
First/Mid-Level Officials and Managers	103	27	1155	119	16	2	17	17	295	12	9	2	3	5	1782
Professionals	27	28	471	21	47	0	12	7	247	4	28	0	1	10	903
Technicians Sales Workers	65	20	15 477	0 25	13	1	3	16	136	0 10	7	0	4	2	779
Administrative Support Workers	54	122	416	25	11	3	7	10	803	59	35	1	20	21	1587
Craft Workers	37	0	171	36	0	0	1	3	0	1	0	0	0	0	249
Operatives	1258	22	5201	1359	78	36	45	122	68	40	1	4	0	1	8235
Laborers and Helpers Service Workers	19 0	0	18 0	0	0	0	0	0	0	0	0	0	0	0	44 0
CURRENT 2023 REPORTING YEAR TOTAL		220	7979	1590	167	42	86	177	1568	126	81	7	28	39	13676
CORRENT 2023 REPORTING TEAR TOTAL	1300	220	1313	1390	107	42	00	111	1000	120	UI	, , ,	40	J8	130/0
PRIOR 2022 REPORTING YEAR TOTAL	1529	216	8354	1529	151	38	97	186	1933	154	77	4	39	50	14357
		SECTION				ESNAP		PERIO	D						
				12/17/2	2023 - 1	2/30/20)23								

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

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

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

6/3/2024 8:38 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
NATHAN PEARCY	Senior Manager, HR Coaching & Compliance						
Email Address of Certifying Official	Telephone Number of Certifying Official						
npearcy@arcb.com	479-785-8719						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
NATHAN PEARCY	Senior Manager, HR Coaching & Compliance						
	ArcBest II, Inc.						
Email Address of Primary POC	Telephone Number of Primary POC						
npearcy@arcb.com	479-785-8719						