U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
				TION A				1							
		SECT	TION F	- EMP	LOYE	R IDEN	TIFICA	ATION							
OFS COMPANY ID EMPLOYER NAME 0819086 HESS CORPORATION															
ADDRESS							C	ITY/TOW	VN			STATE		ZIP CC	DDE
1185 Avenue of th	e Amer	icas					NEW	YORK	CITY			NY		1003	36
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	BLISHN	MENT-I	LEVEL	IDENT	'IFICA'	FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE				ſ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHM	ENT-LEV	EL ADI	ORESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
					134921	002)					
X YES (Employer Is Eligible				• EMPL oyer Is N						NO LOI	NGER	IN BUS	INESS		
SEC	CTION			L CONT					if applic	able)					
YES (Single-Establishm	-	oloyer is	Federa	l Contra	ctor) 🔀	YES (Multi-Es	stablishn							
X YES (F	Ieadqua			Contrac ne or Mo									actor)		
	32419	S	ECTIO	DN G – I Petroleu	NAICS	INFOR	MATIC	DN							
	SE	CTIO	N H – V	VORKF	ORCE										
		anic atino			Race/Ethnicity Not Hispanic or Latino Male Female										
	0. 2.							[-
				-		or der	ŗ	es		۲		or der	ē	es	
JOB CATEGORIES				icar		ian ilan	lian or Races slander lian or five Races Races								
	e	ale	ite	Afr ical	an	wai ic Is	Ind Nat	ore	ite	k ol	an	wai ic Is	Ind Nat	re	Total
	Male	Female	White	ck or Afric American	Asian	Ha	san ska	M	White	lac n A	Asi	Ha	can ska	Ň	
				Black or African American		ive	eric Nas	oor		B Lica		i ve	eric Nas	o	
				B		Native Hawaiian or Other Pacific Islande	Am	T vo		Afr		Nat	Am	_× ⊥	
Executive/Senior Level Officials and Managers		0									0		_		
First/Mid-Level Officials and Managers	1 16	2 14	21 232	6	1 20	0	0	1 4	3 55	0 11	0 10	0	0	3	29 371
Professionals	47	38	406	24	61	1	5	8	143	29	45	1	1	3	812
Technicians Sales Workers	2	3	48 0	3 0	3	0	1	2 0	13 0	2	1 0	0	0	0	78 0
Administrative Support Workers	0	9	2	3	0	0	0	0	23	3	0	0	0	1	41
Craft Workers Operatives	2 6	0	37 186	1 6	0	0	0	1 0	0	0	0	0	0	1 0	42 207
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers CURRENT 2023 REPORTING YEAR TOTAL	5 79	0 67	2 934	0 43	1 87	0	0 9	0 16	0 241	1 46	0 56	0	0 1	0 8	9 1589
PRIOR 2022 REPORTING YEAR TOTAL	74	57 SECTIO	857 ON I –	38 WORK				16 PERIO	234 D	38	50	1	1	6	1462
CECTION I		DOIN				12/25/20									
SECTION J Not Applicable	– HEAI	DQUAI	KIEKS	OKES	IABL	ISHME	NI-LE	VEL CO	JMME	N15 (op	tional)				

U.S. EQUAL EMPLOYMENT OPPORT 2023 EMPLOYER INFORMATION REI	F OMB Cor	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026						
SECTION K – OFFICI	AL CERTIFICATION OF SUBMISSION	1						
	OYER IDENTIFICATION							
OFS COMPANY ID 0819086	EMPLOYER NAME HESS CORPORATION	EMPLOYER NAME						
ADDRESS	CITY/TOWN	STATE	ZIP CODE					
1185 Avenue of the Americas	NEW YORK CITY	NY	10036					
CERTIFIC	CATION COMMENTS (optional)							
No Certification Comments Provided								
to Certification Comments Provided								
CERT	IFICATION STATEMENT							
I certify that the information, including any workforce demog	raphic data, provided in this report is correct	ct and true to the b	est of mv knowled					
	lirections set forth in the form and accompany							
Knowingly and willfully false statements on th		, The 18, Section	1001.					
DAT	TE OF CERTIFICATION							
5/29	9/2024 4:55 PM [EST]							
	ER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of C	ertifying Official						
Erica DeHoyos	Sr Ma	nager HR						
Email Address of Certifying Official	Telephone Num	ber of Certifying Officia	1					
erdehoyos@hess.com	713-4	496-5504						
PRIMARY POINT OF CONTAC	CT (POC) FOR EEO-1 COMPONENT 1 REPO	RTING						
Name of Primary POC		loyer of Primary POC						
-		nager HR						
Erica DeHoyos		-						
	HESS CC	RPORATION						
Email Address of Primary POC	Telephone Nu	umber of Primary POC						
· · · · · · · · · · · · · · · · · · ·		-						
erdehoyos@hess.com	713-6	496-5504						
erdenoyos@ness.com	110							