U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

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

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Expiration Date: 08/31/2024					
			SECT	TION A	- TYP	E OF R	EPORT	ı			I				
			C	ONSOL	LIDATE	ED REP	ORT								
		SECT	TION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID	EMPLOYER NAME														
0819086						Н	ESS C	ORPOR	RATION	1					
ADDRESS						CITY/TOWN						STATE ZIP CODE			
1185 Avenue of the Americas						NEW YORK CITY						NY	10036		
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID	2.1000		ub or	LOTITE	HEAD(QUARTE	RS OR ES	STABLIS	SHMENT	Γ-LEVEL	NAME	1010)			
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TIEADQUARTERS OR ESTABLISHIVE	HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN						STATE ZIF CODE		
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		ar anta	ONE	- EMPL	134921		TELEC	IDII ITI	17						
W ************************************															
X YES (Employer Is Eligible	to File)		(Empl	oyer Is N	Not Elig	ible to F	ile) 📙	EMPL	OYER	NO LOI	NGER I	IN BUS	INESS		
SEC	CTION			L CONT					if applic	able)					
Unique Entity ID (UEI): GJ7CKGPFGZX5															
☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)															
X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
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				ш		Native Hawaiian or Other Pacific Islande	¥	É		⋖		Native Hawaiian or Other Pacific Islander	Ā	₽	
Executive/Senior Level Officials and Managers	1	2	22	0	1	0	0	1	3	0	0	0	0	0	30
First/Mid-Level Officials and Managers Professionals	14 46	12 33	214 372	6 21	19 57	1	3	9	48 144	10 22	9 39	1	0	2	338 751
Technicians	1	2	40	2	3	0	1	2	12	1	2	0	0	0	66
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	8	2	3	0	0	0	0	24	4	0	0	0	1	43
Craft Workers Operatives	4	0	36 169	1 5	0	0	3	0	3	0	0	0	0	0	40 185
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	5	0	2	0	1	0	0	0	0	1	0	0	0	0	9
CURRENT 2022 REPORTING YEAR TOTAL	74	57	857	38	82	1	7	16	234	38	50	1	1	6	1462
PRIOR 2021 REPORTING YEAR TOTAL															

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/12/2022 - 12/25/2022

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

Not Applicable

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SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID 0819086 ADDRESS ADDRESS CITY/TOWN STATE ZIP CODE NEW YORK CITY NY 10036

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 11/9/2023 5:04 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL						
Name of Employer's Certifying Official	Title of Certifying Official					
Erica DeHoyos	Sr Manager HR					
Email Address of Certifying Official	Telephone Number of Certifying Official					
erdehoyos@hess.com	7134965504					
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING						
Name of Primary POC	Title and Employer of Primary POC					
Erica DeHoyos	Sr Manager HR					
7	HESS CORPORATION					
Email Address of Primary POC	Telephone Number of Primary POC					
erdehoyos@hess.com	7134965504					