

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB
3050-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION I - General Information

1. Name and Mailing Address of Respondent

Northern Arkansas Telephone Company
PO Box 209
Flippin AR 72634

☒ Check here if this
is a change of
address.

2. Year Report Filed

2018

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

3/31/2017

4. Number of Full-Time Employees during Selected
Reporting Period (check one):

- a. ☐ Fewer than 16 (complete Sections I, IV, and V only)
b. ☒ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)															Total Columns A - N
	Race/Ethnicity															
	Hispanic or Latino		Not-Hispanic or Latino								Female					
			Male				Two or more races									
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers	1.1		4						2						6	
First/Mid-Level Officials and Managers	1.2		0						0						0	
Professionals	2		4						2						6	
Technicians	3		7						0						7	
Sales Workers	4		0						4						4	
Administrative Support Workers	5		2						8						10	
Craft Workers	6		7						0						7	
Operatives	7		0						0						0	
Laborers and Helpers	8		3						0						3	
Service Workers	9		0						0						0	
TOTAL	10	0	27	0	0	0	0	0	16	0	0	0	0	0	43	
PREVIOUS YEAR TOTAL	11	0	25	0	0	0	0	0	16	0	0	0	0	0	41	

Number of Employees
(Report employees in only one category)

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.

DECLARATION OF CERTIFICATION
I, _____, certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Telephone No. _____

(870) 453-9205

WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).

FCC 395
Revised December 2007