

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

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

SECTION 1 - General Information

1. Name and Mailing Address of Respondent
Cellular Network Partnership, a Limited Partnership
PO Box 539
Kingfisher, OK 73750

☐ Check here if this
is a change of
address.

2. Year Report Filed 2019	3. Reporting Period (Ending Date of Pay Period Covered by Report) 01/18/2019	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. <input checked="" type="checkbox"/> Fewer than 16 (complete Sections I, IV, and V only) b. <input type="checkbox"/> 16 or more (complete all sections)
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SECTION II - Full-Time Employees.

Job Categories															Number of Employees (Report employees in only one category)															
Job Categories															Race/Ethnicity															
															Hispanic or Latino		Not-Hispanic or Latino													Total Columns A - N
																	Male							Female						
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	O														
A	B	C	D	E	F	G	H	I	J	K	L	M	N																	
Executive/Senior Level Officials and Managers	1.1															0														
First/Mid-Level Officials and Managers	1.2															0														
Professionals	2															0														
Technicians	3															0														
Sales Workers	4															0														
Administrative Support Workers	5															0														
Craft Workers	6															0														
Operatives	7															0														
Laborers and Helpers	8															0														
Service Workers	9															0														
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0														
PREVIOUS YEAR TOTAL	11															0														

SECTION III - Part-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)																	
	Race/Ethnicity																	
	Hispanic or Latino		Not-Hispanic or Latino															Total Columns A - N
			Male								Female							
	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														0			
First/Mid-Level Officials and Managers	1.2														0			
Professionals	2														0			
Technicians	3														0			
Sales Workers	4														0			
Administrative Support Workers	5														0			
Craft Workers	6														0			
Operatives	7														0			
Laborers and Helpers	8														0			
Service Workers	9														0			
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
PREVIOUS YEAR TOTAL	11														0			

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 no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☐ 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, counts or agencies before which the matter has been heard, the number or other designation, and current status or disposition.)

SECTION V - Certification

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

Date 4/30/19	Typed or Printed Name of Person Signing Richard Ruhl	Signature 	Telephone No. (405) 375-4111
Title of Person Signing General Manager		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).	