

FCC 395

ANY INFORMATION  
FILING MUST BE REFERRED TO  
BLOOSTON, MORDEKAI, DUFFY & PRENDERGAST, LLP  
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FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554

Approved by OMB  
3060-0076  
Est. time per response:  
1 hour

## 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

Twin Lakes Telephone Cooperative  
PO Box 67  
Gainesboro TN 38562

2. Year Report Filed

2018

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

January 5, 2018

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)

☐ Check here if this  
is a change of  
address.

## 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								Total						
			Male				Female				Total						
	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			
Executive/Senior Level Officials and Managers	1.1		3													6	
First/Mid-Level Officials and Managers	1.2								1							1	
Professionals	2		3													3	
Technicians	3		10						2							12	
Sales Workers	4		1													1	
Administrative Support Workers	5		10						22	1						33	
Craft Workers	6		39						4							43	
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	108	
PREVIOUS YEAR TOTAL	11		75						32	0						107	

## SECTION III - Part-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)														Total Columns A - N		
	Race/Ethnicity																
	Hispanic or Latino		Male							Not-Hispanic or Latino						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			1												1		
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	1	0	0	0	0	0	0	0	0	0	0	0	1		
PREVIOUS YEAR TOTAL 11			4						2						6		

## 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, courts or agencies before which the matter has been heard, file 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	April 16, 2018	Typed or Printed Name of Person Signing	Gail Myers	Signature		Telephone No.	(931) 268-2151
Title of Person Signing		President, Board of Directors					

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).