

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

MAP Communications, Inc.
840 Greenbrier Circle Ste. 202
Chesapeake, VA 23320☐ 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)

3/9/2018

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)

SECTION II - Full-Time Employees.

SECTION II - Full-time Employees																	
Number of Employees (Report employees in only one category)																	
Race/Ethnicity																	
Job Categories	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			
Executive/Senior Level Officials and Managers	1.1	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4	
First/Mid-Level Officials and Managers	1.2	7	3	6	1	0	0	0	0	24	9	0	2	0	2	54	
Professionals	2	0	0	5	1	0	0	0	0	1	0	0	0	1	0	8	
Technicians	3	1	0	10	0	0	1	0	0	1	0	0	0	0	0	13	
Sales Workers	4	1	0	4	0	0	0	0	0	4	2	0	0	0	1	12	
Administrative Support Workers	5	35	87	52	27	0	0	0	0	3	226	175	2	12	7	8	634
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	44	90	81	29	0	1	1	0	3	256	186	2	14	8	11	725
PREVIOUS YEAR TOTAL	11	34	71	71	28	1	1	0	0	3	243	214	2	9	7	9	693

SECTION III - Part-Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Job Categories	Job														Total Columns A - N
	Hispanic or Latino		Not-Hispanic or Latino												
			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	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	5	3	29	3	8	0	2	0	1	44	57	0	6	0	161
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	3	29	3	8	0	2	0	1	44	57	0	6	0	161
PREVIOUS YEAR TOTAL	11	10	19	4	3	0	5	0	1	26	48	0	6	1	128

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, 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	Typed or Printed Name of Person Signing	Signature	Telephone No.
05/11/2018	Grant Sibley		(757) 424-1191
Title of Person Signing			
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).			