

# 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

NORTH DAKOTA NETWORK COMPANY  
3615 N BDWY  
MINOT ND 58701

MINOT ND 58701

## 2. Year Report Filed

2018

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

no employees

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.**

[illegible]

## 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		Not-Hispanic or Latino						Female						
		Male		Male		Male		Male		Female		Female				
		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	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, 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	05/01/18	Typed or Printed Name of Person Signing	Nancy J Davis	Signature	<i>Nancy J Davis</i>	Telephone No.	701-838-9760
Title of Person Signing				HR Administrator			
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).							