

## 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

CT Cube, LP dba West Central Wireless  
P.O. Box 991  
San Angelo, TX 76902☐ 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)

January 1, 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.

Job Categories	Number of Employees (Report employees in only one category)																	Total Columns A - N
	Race/Ethnicity																	
	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				
Executive/Senior Level Officials and Managers	1.1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1		
First/Mid-Level Officials and Managers	1.2	2	1	4	0	0	0	0	0	5	0	0	0	0	0	12		
Professionals	2	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2		
Technicians	3	3	1	18	2	0	0	0	0	0	0	0	0	0	0	24		
Sales Workers	4	3	9	6	2	0	0	0	0	11	0	0	0	0	0	31		
Administrative Support Workers	5	1	15	7	1	0	0	0	0	18	0	0	0	1	0	43		
Craft Workers	6	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		
Laborers and Helpers	8	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		
TOTAL	10	9	26	36	5	0	0	0	0	36	0	0	0	1	0	113		
PREVIOUS YEAR TOTAL	11	8	26	41	5	0	0	0	0	33	0	0	0	1	0	114		

## SECTION III - Part-Time Employees.

**Number of Employees**  
(Report employees in only one category)

Race/Ethnicity

Job Categories	Not-Hispanic or Latino														Total Columns A - N	
	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
Executive/Senior Level Officials and Managers	1.1	0	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	0
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	3	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	4	3	5	2	0	0	0	0	0	0	3	0	0	0	0	13
Administrative Support Workers	5	0	2	2	0	0	0	0	0	0	6	1	0	0	1	12
Craft Workers	6	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
Laborers and Helpers	8	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
TOTAL	10	4	7	5	0	0	0	0	0	0	9	1	0	0	1	27
PREVIOUS YEAR TOTAL	11	5	8	7	1	0	0	0	0	0	11	0	0	0	1	33

## 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	Typed or Printed Name of Person Signing	Signature	Telephone No.
05/08/2018	Stacie Cox	<i>Stacie Cox</i>	(325) 944-9016
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).	
Human Resource Manager			