

FCC 395

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

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

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

SECTION 1 - General Information

1 Name and Mailing Address of Respondent : The Farmers Telephone Company 525 Junction Rd Madison, WI 53717

FRN: 0003784154

☐ 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) April 2018	4. Number of Full-Time Employees during Selected Reporting Period (check one) a. <input checked="" type="checkbox"/> Fewer than 16 (complete Sections 1, 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)																	
	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 III - Part Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Not-Hispanic or Latino

Job

Hispanic or
Latino

Male

Female

Categories

Male

Female

White

Black or
African
AmericanNative
Hawaiian
or
Other
Pacific
Islander

Asian

American
Indian or
Alaska
NativeTwo or
more
races

White

Black or
African
AmericanNative
Hawaiian
or
Other
Pacific
Islander

Asian

American
Indian or
Alaska
NativeTwo or
more
racesTotal
Columns
A-NExecutive/Senior Level
Officials and Managers 1,1First/Mid-Level Officials
and Managers 1,2

Professionals 2

Technicians 3

Sales Workers 4

Administrative Support
Workers 5

Craft Workers 6

Operatives 7

Laborers and Helpers 8

Service Workers 9

TOTAL 10

PREVIOUS YEAR TOTAL 11

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311

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

3/22/18

Andrew Petersen

[Signature]

(608) 664-4155

Title of Person Signing
Sr. Vice President-Corporate Affairs

WILL FULLY 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)