

FCC 395		FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554 COMMON CARRIER ANNUAL EMPLOYMENT REPORT <small>[Please read instructions before completing and for Notice regarding public burden.]</small>				Approved by OMB 3060-0076 Est. time per response: 1 hour										
SECTION 1 - General Information																
1 Name and Mailing Address of Respondent :		Farmers Cellular Telephone Company, Inc. 8410 Bryn Mawr Ave Chicago, Illinois 60631														
FRN: 2576528		Internal Company Code(s): 0392														
2. Year Report Filed		3. Reporting Period (Ending Date of Pay Period Covered by Report)		4 Number of Full-Time Employees during Selected Reporting Period (check one)												
2018		3/15/2018 to 3/31/2018		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)												
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										
		Male		Female				Total Columns A-N								
		Black or African American	White	Two or more races	American Indian or Alaska Native	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	0
First/Mid-Level Officials and Managers 1.2		0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals 2		0	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	0
Sales Workers 4		0	0	5	0	0	0	0	0	7	0	0	0	0	0	12
Administrative Support Workers 5		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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		0	0	6	0	0	0	0	0	8	0	0	0	0	0	14
PREVIOUS YEAR TOTAL 11		0	1	4	0	0	0	0	0	7	0	0	0	0	0	12

SECTION III - Part Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Not-Hispanic or Latino

Hispanic or Latino

Male

Female

Job Categories

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

Total Columns A-N

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

1

2

3

4

5

6

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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
5/15/2018

Typed or Printed Name of Person Signing
Gina M Cozzone

Signature

Gina M Cozzone

Telephone No

773 399-7047

Title of Person Signing
Government Compliance Diversity Manager

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)