

Amend

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EEO Form 396-C

File No.: CB20001716

Filing Status: **Ready for Review**Reference Copy
OMB Control
No. 3060-1033**20574**

General Information

FCC Registration Number (FRN) 0011580412	Filing Year 2022
Employment Unit ID (EUID) 20574	

Section I - Identifying Information

Has the identifying information associated with this EUID changed? No	Operator Legal Name CONSOLIDATED TELEPHONE COMPANY
Operator City BRAINERD	Operator Address 1 1102 Madison St
State of Employment Office MN	Operator state MN
Application Purpose New Program Report	Operator Zip Code 56401
Category of Respondent Six (6) or more full-time employees during the selected reporting period	County of Employment Office Crow Wing
	Supplemental Investigation Sheet (SIS) Required false
	Reporting Period Start Date 2021-10-01
	Reporting Period End Date 2022-09-30

Section II - Community Information

Section III - EEO Policy and Program Requirements

Complied with outreach provisions Yes	Disseminated widely EEO Program Yes
Contacted multiple sources of applicants Yes	Offered promotions in nondiscriminatory manner Yes
Sought out entrepreneurs in a nondiscriminatory manner Yes	Analyzed the results of efforts to recruit hire promote and use services Yes
Defined responsibility of management Yes	Conducted continuing program to exclude prejudice Yes
Conducted continuing review of job structure Yes	

Section IV - Additional Information

FCC FORM 396-C -- Supplemental Investigation Sheet PART I - PART I - Employee Job Descriptions

PART II - Inquiries Concerning EEO Program and Practices

PART III - EEO Public File Report

Exhibits

Exhibit 1

Exhibit 1.pdf

Certifications

I certify that to the best of my knowledge, information and belief, all statements contained in this filing are true and correct. WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Certifier Information

Certifying Official Name and Signature

Kristi Westbrook 

Certifying Official Title

CEO/GM

Certifying Official Phone

2184541234

Certifying Official Email

hr@goctc.com

Certifying Date Signed

2022-09-27

Exhibit 1

Ident No	Community	Location	Type
1172	Randall	MN	Incorporated City
1169	Lincoln	MN	Unincorporated
1170	Pillager	MN	Incorporated City
1171	Motley	MN	Incorporated City
1185	Nokay Lake	MN	Unincorporated
1187	Brainerd	MN	Incorporated City
1186	Baxter	MN	Incorporated City
1183	Mission	MN	Unincorporated