

Federal Communications Commission Washington, D.C. 20554 <p style="text-align: center;">FCC 396-C</p>	OMB 3060-1033 September 2003	FOR FCC USE ONLY
<p>Multi-Channel Video Program Distributor EEO Program Annual Report</p> <p>Read INSTRUCTIONS Before Filling Out Form</p>		FOR COMMISSION USE ONLY FILE NO. - 20180905AAD

SECTION I IDENTIFYING INFORMATION

A. Name of Operator:
 CABLE & CELLULAR COMMUNICATIONS, LLC

MSO Name:

B. Employment Unit's Mailing Address
 904 C AVENUE
 PO BOX 280

City CIRCLE	State MT	Zip Code 59215-
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FCC Registration Number:
 0024205064

Emp. Unit ID # 10577

Application Purpose
 New Program Report
 Amendment to Program Report

Supplemental Investigation Sheet (SIS) Attached

C. County and State in which unit's employment office is located
 MCCONE, MT

D. Category of Respondent (check applicable box)

<input checked="" type="checkbox"/> Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and V
<input type="checkbox"/> Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 396-C and the Supplemental Investigation Sheet, if attached

E. Pay Period Covered by this Report (inclusive dates) SEPTEMBER 2018

F. Attachments: (See "Exhibit" buttons, below.)

SECTION II COMMUNITY INFORMATION

System Communities Comprising Local Employment Unit			
Ident No.	Name of Community	Location (State)	Type

Review the list of communities served on the previous year's submission and attach as Exhibit [Exhibit 1]
 A any additions or deletions, using the format noted above. NOTE: APPLICABLE ONLY TO
 CABLE OPERATORS AND NOT TO OTHER MVPD UNITS.

SECTION III EEO POLICY AND PROGRAM REQUIREMENTS

Check YES or NO to each of the following questions. If answer to any question below is NO, attach as Exhibit B an explanation.

[Exhibit 2]

1.	Have you complied with the outreach provisions of the FCC's MPVD Equal Employment Opportunity Rule, 47 C.F.R. Section 76.75(b), during the twelve month period prior to filing this form?	Yes No
2.	Do you disseminate widely your EEO Program to job applicants, employees, and those with whom you regularly do business?	Yes No
3.	Do you contact organizations, media, educational institutions, and other potential sources of applicants for referrals whenever job vacancies are available in your organization?	Yes No
4.	Do you undertake to offer promotions to positions of greater responsibility in a nondiscriminatory manner?	Yes No
5.	To the extent possible, do you seek out entrepreneurs in a nondiscriminatory manner and encourage them to conduct business with all parts of your organization?	Yes No
6.	Do you analyze the results of your efforts to recruit, hire, promote, and use services in a nondiscriminatory manner and use these results to evaluate and improve your EEO program?	Yes No
7.	Do you define the responsibility of each level of management to ensure a positive application and vigorous enforcement of your policy of equal employment opportunity and maintain a procedure to review and control managerial and supervisory performance?	Yes No
8.	Do you conduct a continuing program to exclude every form of prejudice or discrimination based upon race, color, religion, national origin, age, or sex from your personnel policies and practices and working conditions?	Yes No
9.	Do you conduct a continuing review of job structure and employment practices and maintain positive recruitment training, job design, and other measures needed to ensure genuine equality of opportunity to participate fully in all organizational units, occupations, and levels of responsibility?	Yes No

SECTION IV ADDITIONAL INFORMATION

You may provide as Exhibit C any additional information that you believe might be useful in evaluating your efforts to comply with the Commission's EEO provisions. There is no requirement to provide additional data or information. [Exhibit 3]

SECTION V CERTIFICATION

This report must be certified as follows:

- A. By the individual owning the reporting system if individually owned;
- B. By a partner, if a partnership; or
- C. By an officer, if a corporation or association.

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Title GENERAL MANAGER/CEO
Date 9/5/2018	Name of Respondent MICHAEL CANDELARIA
Telephone No. (include area code) 4064853301	

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).

Exhibits

Federal Communications Commission

FCC MB - CDBS Electronic Filing

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Application Reference Number: 20180905AAD

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Based on the information supplied, no fee is required.

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