Amend



Reference

OMB Control No. 3060-1033

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## EEO Form 396-C

File No.: CBL0016937

Filing Status: Ready for Review

4969

General Information

**FCC Registration Number (FRN)** 

0001789080

**Employment Unit ID (EUID)** 

4969

Filing Year 2024

Section I - Identifying Information

Has the identifying information associated

with this EUID changed?

No

**Operator City** 

**HAROLD** 

**Operator Legal Name** 

INTER MOUNTAIN CABLE, INC.

**Operator Address 1** 

20 Laynesville Rd

**Operator state** 

ΚY

**Operator Zip Code** 

41635

State of Employment Office

ΚY

**County of Employment Office** 

Floyd

**Application Purpose** 

New Program Report

**Supplemental Investigation Sheet (SIS)** 

Required

false

**Category of Respondent** 

Six (6) or more full-time employees during the  $\ \ \,$ 

selected reporting period

**Reporting Period Start Date** 

2023-08-01

**Reporting Period End Date** 

2024-09-01

Section II - Community Information

**PSID** 

**Communities** 

KY0834, KY0993, VA0447, KY0994, KY0341, KY0020, KY0936, KY0358, KY0362, KY0212, KY0703, KY0193, KY0219, VA0004, KY1145, KY1154, VA0583, KY1007, KY0247, KY0251, KY0252, KY0463

## Section III - EEO Policy and Program Requirements

Complied with outreach provisions

Yes

Contacted multiple sources of applicants

Yes

Sought out entrepreneurs in a nondiscriminatory manner

Yes

**Defined responsibility of management** 

Yes

Disseminated widely EEO Program

Yes

Offered promotions in nondiscriminatory

manner

Yes

Analyzed the results of efforts to recruit hire

promote and use services

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** 

## 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** 

PD Gearheart

**Certifying Official Phone** 

6064796355

**Certifying Official Title** 

President

Certifying Official Email msanders@gearheart.com

## **Certifying Date Signed**

2024-09-27