

# Form 2100, Schedule 396 – BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

## Broadcast Equal Employment Opportunity Program Report General Information

*\* indicates required field*

### Application Description

Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.

### Attachments

\* Are attachments (other than associated schedules) being filed with this application?

Yes  No [« Clear](#)

Cancel

Save & Continue »

# Form 2100, Schedule 396 – BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

Broadcast Equal Employment Opportunity Program Report

## Licensee Information

### Licensee Name and Type

\* Licensee Type:

\* Company Name:

Doing Business As:

### Licensee Contact Information

Attention To:

\* Country:

PO Box:  *Either PO Box or Address Line 1 is required.*

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* Zip Code:

\* Phone:

\* Email:

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# Form 2100, Schedule 396 – BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

Broadcast Equal Employment Opportunity Program Report

## Contact Representative

\* indicates required field

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Please enter all required information.

### Contact Type

**✘ Contact Type is required.**

\* Please select the contact type:

- Legal Representative
- Technical Representative
- Other

### Contact Name

\* First Name:

Middle Name:

**✘ Last Name is required.**

\* Last Name:

Suffix:

Title:

\* Company Name:

## Form 2100, Schedule 396 – BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

### Contact Information

Attention To:	<input type="text"/>
* Country:	<input type="text" value="United States"/>
PO Box:	<input type="text"/> <small>Either PO Box or Address Line 1 is required.</small>
* Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
* City:	<input type="text"/>
* State:	<input type="text" value="Select..."/>
* Zip Code:	<input type="text"/>
* Phone:	<input type="text" value="( ) - -"/>
* Email:	<input type="text"/>



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# Form 2100, Schedule 396 – BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

## Broadcast Equal Employment Opportunity Program Report Common Stations

\* indicates required field

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### Common Stations

List call sign and location of all stations included on this report. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through IV should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

\* Please enter a Facility Identifier

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement	Action
<input type="text" value="Enter Facilit"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="button" value="Add Row"/>

# Form 2100, Schedule 396 – BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

## Broadcast Equal Employment Opportunity Program Report Program Report Questions

\* indicates required field

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### Program Report

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

### Discrimination Complaints

\* Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?

Yes  No [« Clear](#)

 Please [upload](#) the required information which includes an attachment explaining the circumstances.

### Full-time Employees

\* Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?

Yes  No [« Clear](#)

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form.

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### Full-time Employees

\* Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?

Yes  No [« Clear](#)

If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

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# Form 2100, Schedule 396 – BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

## Broadcast Equal Employment Opportunity Program Report Additional Program Report Questions

\* indicates required field

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### Additional Program Report

The purpose of this document is to provide broadcast licensees, the FCC, and the public with information about whether the station is meeting equal employment opportunity requirements. GENERAL POLICY A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

### Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex

### EEO Public File Report

\* Attach as an exhibit one copy of each of the EEO public file reports from the previous two years. Stations are required to place annually such information as is required by 47 C.F.R. Section 73.2080 in their public files.

 Please [upload](#) the required information which includes an attachment explaining the circumstances.

### Narrative Statement

\* Provide a statement in an exhibit which demonstrates how the station achieved broad and inclusive outreach during the two-year period prior to filing this application. Stations that have experienced difficulties in their outreach efforts should explain.

 Please [upload](#) the required information which includes an attachment explaining the circumstances.

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# Form 2100, Schedule 396 – BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

## Certification

\* indicates required field

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### General Certification Statements

The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).

The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR. See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c).

The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

### Authorized Party to Sign

#### FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

\* indicates required field

Date: 12/07/2018

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Attachments:  I certify that this application includes all required and relevant attachments.