

EUID has been updated successfully. ✕

Amend

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EEO Form 396-C

File No.: CBL0014656

Filing Status: **Ready for Review**

014467

Reference
Copy
OMB Control
No. 3060-1033

General Information

FCC Registration Number (FRN)

0004266938

Filing Year

2023

Employment Unit ID (EUID)

014467

Section I - Identifying Information

Has the identifying information associated with this EUID changed?

Yes

Operator Legal Name

VEXUS FIBER, LLC DBA VEXUS FIBER

Operator Address 1

912 S. Main St, Suite 106, Sikeston, MO 63801

Operator City

Lubbock

Operator state

TX

Operator Zip Code

79407

State of Employment Office

TX

County of Employment Office

Lubbock

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

2022-10-01

Reporting Period End Date

2023-09-30

Section II - Community Information

PSID

014467

Communities

TX0707, TX2917, TX0706, TX0708, TX1318,
 TX2918, TX1752, TX0221, TX0070, TX0480,
 TX2491, TX1563, TX1565, TX2387, TX2739,
 TX2737, TX0369, TX1970, TX0275, TX1027,
 TX1028, TX2518, TX1263, TX1029, TX1567,
 TX1569, TX2496, TX1568, TX2358, TX1032,
 TX1033, TX2519

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

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

ROBIN DAVIDSON

Certifying Official Title

COMPLIANCE OFFICER

Certifying Official Phone

573-481-2763

Certifying Official Email

ROBIN.DAVIDSON@VEXUSFIBER.COM

Certifying Date Signed

2024-04-30