

SECTION I - General Information

1. Name and Mailing Address of Respondent

GCI Communications Corp
2550 Denali Street Suite 1000
Anchorage, AK 99503COMMON CARRIER ANNUAL EMPLOYMENT REPORT
[Please read instructions before completing and for Notice regarding public burden.]☐ Check here if this
is a change of
address.

2. Year Report Filed

2019

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

January 26, 2019

4. Number of Full-Time Employees during Selected
Reporting Period (check one):

- a.
- ☐
- Fewer than 16 (complete Sections I, IV, and V only)
-
- b.
- ☒
- 16 or more (complete all sections)

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)																
		Race/Ethnicity																
		Hispanic or Latino		Not-Hispanic or Latino														Total Columns A - N
				Male							Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races				
Executive/Senior Level Officials and Managers	1.1	1	3	87	1	0	2	0	1	39	1	0	0	0	0	135		
First/Mid-Level Officials and Managers	1.2	8	5	118	4	1	4	7	4	64	4	0	6	4	2	231		
Professionals	2	11	7	251	14	2	16	7	7	118	3	0	17	4	3	460		
Technicians	3	29	1	317	15	12	23	44	10	32	3	0	3	2	1	492		
Sales Workers	4	0	0	15	1	0	1	0	2	4	0	2	0	0	0	25		
Administrative Support Workers	5	20	14	104	22	9	18	18	8	152	24	9	17	21	9	445		
Craft Workers	6	0	0	2	0	1	0	0	0	0	0	0	0	0	0	3		
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Laborers and Helpers	8	0	0	1	1	1	0	1	0	2	0	0	0	0	0	6		
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	10	69	30	895	58	26	64	77	32	411	35	11	43	31	15	1,797		
PREVIOUS YEAR TOTAL	11	79	31	968	56	22	65	81	33	457	38	8	46	32	11	1,927		

SECTION III - Part-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)															Total Columns A - N
		Race/Ethnicity															
		Hispanic or Latino		Not-Hispanic or Latino													
				Male						Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
Executive/Senior Level Officials and Managers	1.1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3	
First/Mid-Level Officials and Managers	1.2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
Professionals	2	0	0	14	0	0	0	0	9	0	0	0	0	0	0	23	
Technicians	3	2	2	13	0	1	1	35	0	4	0	0	0	1	0	59	
Sales Workers	4	0	0	4	0	0	0	0	3	0	0	0	0	0	1	8	
Administrative Support Workers	5	2	0	5	3	0	2	0	2	3	0	1	0	0	0	18	
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	7	1	0	48	0	0	1	64	3	11	0	0	0	12	0	140	
Laborers and Helpers	8	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11	
Service Workers	9	0	1	2	0	0	0	0	4	0	0	0	0	0	0	7	
TOTAL	10	5	3	100	3	2	4	99	5	34	0	1	0	13	1	270	
PREVIOUS YEAR TOTAL	11	6	1	112	3	0	4	106	1	45	2	0	0	14	3	297	

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

☐ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☒ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

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

Date	05/29/2019	Typed or Printed Name of Person Signing	Christina O. Bloom	Signature	<i>Christina O. Bloom</i>	Telephone No.	(907) 868-5335
Title of Person Signing		Recruiting Manager		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).			