

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION I - General Information

1. Name and Mailing Address of Respondent

GCI Communications Corp
2550 Denali Street Suite 1000
Anchorage, AK 99503

☐ Check here if this
is a change of
address.

2. Year Report Filed

2018

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

January 31, 2018

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)														Total Columns A - N
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				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	
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Executive/Senior Level Officials and Managers	1.1	3	92	0	0	1	1	1	39	0	0	0	0	0	138
	First/Mid-Level Officials and Managers	1.2	6	140	7	2	6	8	3	83	8	0	7	2	3	286
	Professionals	2	9	273	10	0	16	10	6	134	4	0	17	5	2	499
	Technicians	3	2	352	17	13	23	46	11	45	3	0	3	2	1	555
	Sales Workers	4	2	15	1	0	1	0	2	7	0	0	1	0	0	29
	Administrative Support Workers	5	11	95	21	6	18	16	10	149	23	8	18	23	5	418
	Craft Workers	6	0	1	0	1	0	0	0	0	0	0	0	0	0	2
	Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	10	79	968	56	22	65	81	33	457	38	8	46	32	11	1,927
	PREVIOUS YEAR TOTAL	11	88	943	58	24	67	92	27	491	48	12	43	38	16	1,990

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		Male							Not-Hispanic or Latino						
			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		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers	1.1	0	0	4	0	0	0	0	1	0	0	0	0	0	5	
First/Mid-Level Officials and Managers	1.2	0	0	1	0	0	0	0	1	0	0	0	0	0	2	
Professionals	2	2	0	30	1	0	0	0	18	1	0	0	1	1	54	
Technicians	3	2	1	6	1	0	2	43	0	4	1	0	1	0	61	
Sales Workers	4	0	0	6	1	0	0	0	5	0	0	0	0	1	13	
Administrative Support Workers	5	1	0	5	0	0	1	0	1	3	0	0	1	1	13	
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	7	1	0	48	0	0	1	63	0	11	0	0	11	0	135	
Laborers and Helpers	8	0	0	8	0	0	0	0	0	0	0	0	0	0	8	
Service Workers	9	0	0	4	0	0	0	0	2	0	0	0	0	0	6	
TOTAL	10	6	1	112	3	0	4	106	1	45	2	0	14	3	297	
PREVIOUS YEAR TOTAL	11	6	2	78	0	0	4	109	1	44	3	0	14	1	262	

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 05/22/2018	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).	