



2080 Nelson Miller Parkway  
Suite 200  
Louisville, KY 40223-3172  
Phone: 502-244-7313  
Fax: 502-244-7217

## **JOB DESCRIPTION: Software Engineer**

### **Summary**

Perform Software Engineering for projects and activities, as assigned, while meeting all project and departmental requirements (i.e. quality, schedule, budget, specification compliance, and technology).

### **Essential Duties and Responsibilities**

- Designs, modifies, develops, writes, and implements applications.
- Supports and/or installs software applications, operating systems, computer and networking equipment.
- Participates in the testing process through test review and analysis, execution, witnessing, and certification of software.
- Participates in site commissioning activities.
- Adheres to standard concepts, practices, and procedures.
- Relies on experience and judgment to plan and accomplish goals.
- Works under the supervision of a Senior Software Engineer and Software Manager.
- Any other task as directed by management.

### **Responsibility and Authority**

- Responsibility: Noted above – Be aware of engineering budget, engineering processes, and engineering quality.
- Authority: Engineering technical decisions within spec compliance.

### **Qualifications**

- B.S. Engineering or appropriate Technical Degree.
- Strong analytical, verbal, and written communications skills.

### **Experience**

- 1-4 Years of technical/engineering experience



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## Alliant Technologies Job Demands

**Position:** Software Engineer

| Physical & Mental Demands                         | Extent                              |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <i>Physical Demands</i>                           | Continuous<br>Over 70%              | Frequent                            | Occasional                          | Rarely                              |
| Standing  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Walking   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Climbing  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Bending   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Crouching   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Pushing/Pulling                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Carrying  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Lifting/Lowering 1-15 lbs.                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 15-30 lbs.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 30-50 lbs.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Over 50 lbs.                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Fine Hand/Eye Coordination                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Color Discrimination                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Hearing Acuity                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Mental Demands</i>                             | Continuous<br>Over 70%              | Frequent                            | Occasional                          | Rarely                              |
| Concentration on detail                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Attention span 1+ hours on a task                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Ability to remember multiple tasks                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Oral communication                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Written communication                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Working Conditions</i>                         | Continuous<br>Over 70%              | Frequent                            | Occasional                          | Rarely                              |
| Exposure to toxins, cytotoxins, poisons           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Exposure to extreme heat, cold, temp fluctuations | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exposure to hazardous chemicals                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Exposure to radiation                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Other (Specify: )                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Sensory Requirements</i>                       | Is Crucial                          | Is useful                           |                                     |                                     |
| See   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     |
| Distinguish colors                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     |
| Hear/Listen                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     |
| Taste   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |                                     |
| Smell   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |                                     |
| Touch   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     |
| Speech  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |                                     |



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| Mental Effort   | Work Environment  |           |         |          |          |   |                                 |                                  |                                   |
|---|---|-----------|---------|----------|----------|---|---------------------------------|----------------------------------|-----------------------------------|
| <p>Check all functions performed on a daily basis...</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Reading</li><li><input checked="" type="checkbox"/> Basic arithmetic</li><li><input checked="" type="checkbox"/> Advanced mathematics</li><li><input type="checkbox"/> Weighing/measuring</li><li><input type="checkbox"/> Visualizing conclusions</li><li><input checked="" type="checkbox"/> Analyzing data</li><li><input checked="" type="checkbox"/> Searching for solutions</li><li><input checked="" type="checkbox"/> Creating methodologies</li><li><input checked="" type="checkbox"/> Conducting research</li><li><input type="checkbox"/> Managing resources</li><li><input type="checkbox"/> Evaluating performance of others</li></ul> | <p>% of time spent:</p> <table><tr><td><u>95</u></td><td>Indoors</td></tr><tr><td><u>5</u></td><td>Outdoors</td></tr></table> <p>The air is:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Clean/Normal/Average</li><li><input checked="" type="checkbox"/> Dusty/Dirty</li><li><input type="checkbox"/> Wet/Humid</li><li><input type="checkbox"/> Affected by smoke, fumes, etc.</li></ul> <p>You work on a surface that is:</p> <table><tr><td><input checked="" type="checkbox"/> Level</td><td><input type="checkbox"/> Uneven</td></tr><tr><td><input type="checkbox"/> Sloping</td><td><input type="checkbox"/> Slippery</td></tr></table> <p>Noise level is:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Normal</li><li><input type="checkbox"/> Loud</li></ul> | <u>95</u> | Indoors | <u>5</u> | Outdoors | <input checked="" type="checkbox"/> Level | <input type="checkbox"/> Uneven | <input type="checkbox"/> Sloping | <input type="checkbox"/> Slippery |
| <u>95</u>   | Indoors   |           |         |          |          |   |                                 |                                  |                                   |
| <u>5</u>  | Outdoors  |           |         |          |          |   |                                 |                                  |                                   |
| <input checked="" type="checkbox"/> Level   | <input type="checkbox"/> Uneven   |           |         |          |          |   |                                 |                                  |                                   |
| <input type="checkbox"/> Sloping  | <input type="checkbox"/> Slippery   |           |         |          |          |   |                                 |                                  |                                   |