



Due Diligence Checklist

All Designated Applicants are required to complete the Risk Assessment Form and Due Diligence checklist. Applicants are strongly encouraged to verify that there are no unresolved issues in these areas prior to submitting the application. Applicant may be automatically disqualified and will not be scored if any of the statements below apply to the Applicant:

Applicant Name: _____ Yes No

Within the last 24 months, the Applicant has been required to provide a Worker Adjustment and Retraining Notification (WARN) notice under 29 U.S.C. § 2101 et seq., or a Wisconsin's Business Closing and Mass Layoff Law, Wis. Stat. § 109.07, listed on the Layoff Notices found here: https://dwd.wisconsin.gov/dislocatedworker/warn/	<input type="checkbox"/>	<input type="checkbox"/>
The Applicant has been found to violate the Unemployment Compensation laws, Wis. Stat. Ch. 108, within the last 24 months.	<input type="checkbox"/>	<input type="checkbox"/>
The Applicant has been found to violate the Worker's Compensation Act, Wis. Stat. ch. 102, within the last 24 months.	<input type="checkbox"/>	<input type="checkbox"/>
The Applicant is on the Wisconsin Department of Administration's list of vendors that are not in compliance with Wis. Stat. § 77.66, found at http://vendornet.state.wi.us/vendornet/wocc/CertList.pdf , and has not come into compliance since the last posting date of the list.	<input type="checkbox"/>	<input type="checkbox"/>
If the Applicant is a Wisconsin corporation, it is not registered or is not in good standing with Wisconsin DFI, as listed here: WI Corporate Records Search	<input type="checkbox"/>	<input type="checkbox"/>
Within the last 24 months, the Applicant has been found to have violated the Wisconsin Fair Employment Act, Wis. Stat. § 111.31 et seq., or employment laws under Wis. Stat. ch. 103.	<input type="checkbox"/>	<input type="checkbox"/>
The Applicant is listed as ineligible on the Department of Administration's Office of Contract Compliance Vendor Directory, found here: VendorNet Information Center	<input type="checkbox"/>	<input type="checkbox"/>
The Applicant is listed as a delinquent taxpayer with the Wisconsin Department of Revenue found here: https://www.revenue.wi.gov/Pages/DelqList/DelqSearch.aspx	<input type="checkbox"/>	<input type="checkbox"/>
The Applicant been in operation less than 24 months	<input type="checkbox"/>	<input type="checkbox"/>

If the Applicant answered "yes" to any of the above, please provide a detailed explanation of the reasons why the answer is not "no."

Printed Name of Applicant Representative

Applicant Signature

Date

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